CVC Private Equity

Dividend Nomination Advice
DIVIDEND REINVESTMENT PLAN

Full Name(s) and Address of Registered Holder

SRN/HIN

Please read instructions on reverse before completing this advice

Dividend Reinvestment Plan

I/we have read and agree to be bound by the terms and conditions of the Company's Dividend Reinvestment Plan and I/we apply to participate in the Plan according to the following elections. I/We hereby authorise the Company to apply my/our dividend payments in respect of the Shares nominated by me/us below in subscribing for or acquiring Shares in the Company in accordance with the Terms and Conditions of the **Dividend Reinvestment Plan.**

Please tick one box only

A Full Participation

☐ I/We elect full participation for my/our total shareholding in the Dividend Reinvestment Plan.

B Partial Participation

☐ I/We elect to participate in the Dividend Reinvestment Plan in respect of the dividends payable on only that number of shares specified in the adjacent box.

C NOTICE OF WITHDRAWAL - *For existing participants only.*

☐ I/We elect to withdraw from the Dividend Reinvestment Plan.

Signature/s

Joint Holders – each must sign. Power of Attorney must have been previously exhibited to the Share Registry or must accompany this form.

Companies – must sign in accordance with their Constitution. Date / /

Signature of shareholder/s

Individual or First Shareholder Second Shareholder Third Shareholder

Companies only (*Delete whichever does not apply)

Director *Director/Secretary Sole Director & Sole Secretary

Shareholder/s Details

Name/s: _____

Phone: Home: _____ Work: _____ Mobile: _____

Mail this form to:

Share Registry, Gould Ralph Pty Ltd
Level 42, 259 George Street
SYDNEY NSW 2000
Telephone: (612) 9032 3000; Facsimile: (612) 9032 3088
ACN 091 560 913 ABN 83 091 560 913

For further information:

CVC Private Equity Limited
Level 42, 259 George Street
SYDNEY NSW 2000
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ACN 059 092 198 ABN 11 059 092 198