

PARTICIPATION NOTICE IN RESPECT OF DIVIDEND REINVESTMENT PLAN

THIS DOCUMENT IS VALUABLE. Do not complete this form until you have read the accompanying Dividend Reinvestment Plan (Plan) document dated 22 September 2009. If in doubt as to its use, you are advised to consult your sharebroker, solicitor, accountant or other financial advisor immediately.

Name and Address 	Description of shares
	CSN/Holder number
	Shares held
Registered Holders 	

IMPORTANT

PLEASE COMPLETE AND RETURN THIS FORM IF YOU WISH TO PARTICIPATE IN THIS PLAN IN FULL OR IN PART.

STEP 1 CHECK DETAILS

If the above details are incorrect, please amend and sign here _____

STEP 2 CHOOSE ONE ALTERNATIVE

I/WE elect to participate in the Plan at the level of participation nominated below and, accordingly, elect to invest my/our cash dividends on participating shares in fully paid ordinary shares:

EITHER

Full Participation – include all fully paid ordinary shares registered to my/our name(s).

A For full participation, please place a tick in the box

OR

Partial Participation – include the number of fully paid ordinary shares registered in my/our name(s) shown below.

B _____ For partial participation, please place a tick in the box and insert the number of ordinary shares to participate in the space provided.

(NB: If you do not complete the above in relation to partial participation your application will be deemed to be full participation).

STEP 3 SIGN NOTICE

I/WE agree to be bound by the terms and conditions of the Plan as set out in the Plan document received and read by me/us.

I/WE hereby revoke any previous Participation Notice. This Participation Notice is not valid unless duly completed and signed:

SIGNATURE

Dated this _____ day of _____ 2009

If joint holders, each must sign.

Companies must execute by an authorised officer or attorney. If signed by an attorney, the power of attorney must either have been previously produced to the Company or must accompany this Participation Notice. In either case, the Certificate of Non-Revocation of Power of Attorney on the reverse must be completed.

STEP 4 RETURN NOTICE

Return the complete Participation Notice so that the Share Registry receives it before the next Record Date for a cash dividend payment.

INSTRUCTIONS

If you wish to participate in the Plan for the next Abano Healthcare Group Limited (Company) cash dividend, please complete and return the Participation Notice on the reverse side as soon as possible. A Participation Notice will only take effect from the next Record Date following receipt by the Share Registry of such Participation Notice. Participation applies automatically to all subsequent cash dividends until written notice of termination is received by the Company's Share Registry and is effective. If you do not wish to participate then do nothing.

FULL PARTICIPATION

If you wish to participate in the Plan in respect of your total holding of fully paid Ordinary Shares in the Company please place a tick beside Alternative A, sign the Participation Notice and forward it to the Company's Share Registry. Full participation means that all Ordinary Shares issued pursuant to the Plan in the future will also participate in the Plan.

PARTIAL PARTICIPATION

If you wish to participate in the Plan only in respect of some of your fully paid Ordinary Shares please place a tick beside Alternative B, write the number of Ordinary Shares that you wish to participate in the Plan in the space provided, sign the Participation Notice and forward it to the Company's Share Registry.

ADDRESS

Your completed Participation Notice to participate in the Plan should be posted to:
Abano Healthcare Group Limited
c/-Computershare Investor Services Limited
Private Bag 92119
Auckland 1142, New Zealand

MODIFICATION OF PARTICIPATION

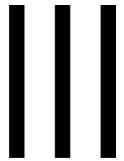
If in future you wish to modify your participation in the Plan, forward a new Participation Notice to the company's Share Registry at the address above. Where you are a joint holder ensure that all other joint holders sign the Notice. Any previous Participation Notice or Notice of Variation will then be automatically cancelled. Participation in the Plan will be determined at the time of the Record Date for a dividend payment by reference to the last received Participation Notice or Notice of Variation of each shareholder.

TERMINATION OF PARTICIPATION

If you elect to participate in the Plan, but subsequently wish to terminate your participation, you may terminate your participation by written notice to that effect to Abano's Share Registry. Where you are a joint holder, ensure that all other joint holders sign the Notice.

FOLD

FREEPOST NO. 171972



POSTAGE REQUIRED IF MAILED
OUTSIDE NEW ZEALAND

Share Registrar
Computershare Investor Services Limited
Private Bag 92119
Auckland 1142
New Zealand

FOLD

**COMPLETE ONLY IF
ATTORNEY SIGNS**

CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY

I, _____

of _____

hereby certify

1. That I am the Attorney of _____ under and by virtue of a Power of Attorney dated the _____ day of _____ 20____ given to me by him/her/them.
2. That I have executed the Participation Notice printed on this document as Attorney under this Power of Attorney and pursuant to the power conferred upon me.
3. That I have not received any notice of information of the revocation of the Power of Attorney by death or otherwise and I believe the same to be in full force and effect.

SIGNED AT _____ THIS _____ DAY OF _____ 20____