



Exercise Form for Options & Application for Shares

TAKE NOTICE that I/We:

_____, _____,
(Name(s) of Registered Option Holder) (Common Shareholder Number)

being a registered holder as at the date of this notice, of _____ Widespread Energy Limited (“**Widespread**”) options which are quoted on the New Zealand Alternative Market under the code “WENOA” (“**Options**”) hereby irrevocably exercise my/our right to convert all/ _____¹ of the Options held by me/us, and have issued to me/us a corresponding number of Widespread ordinary shares at the issue price of \$0.10 per share.

Please find enclosed my/our cheque for \$ _____ (being the number of Options exercised multiplied by \$0.10) and made out to “Widespread Energy Limited”.

Please refer to the guidelines for signing this notice that are set out on the following page.

(Signature) (Date)

(Signature) (Date)

(Witness Signature – if required) (Date)

(Witness Address & Occupation – if required)

Once completed, this form, together with your cheque, should be returned to:

Link Market Services Ltd
P O Box 384
Ashburton
NEW ZEALAND

¹ If you are not converting all of your Options, delete the word “all” and insert the number you wish to convert.

Guidelines for Signing Notice		
Entity	Holder Name	Sample Signatures
<p>Company Please ensure that two directors sign, or if only one signs, that his/her signature is witnessed.</p> <p>If an attorney signs on behalf of the company, please complete the certificate of non-revocation below and attach a copy of the power of attorney (unless the Registrar has previously sighted this).</p>	XYZ Limited	<p>Directors: <i>Mary Jones – Director</i> <i>John Jones – Director</i></p> <p>Attorney: <i>XYZ Limited by its duly authorised attorney Mary Jones</i></p>
<p>Trusts Please ensure all trustees sign the places designated</p>	Mary Jones Family Trust	<i>Mary Jones – Trustee</i> <i>John Jones – Trustee</i>
<p>Partnerships Please ensure a partner signs</p>	Mary and John Jones Partners	<i>Mary Jones – Partner</i> <i>John Jones - Partner</i>
<p>Clubs/Unincorporated Bodies Please ensure office bearers sign</p>	XYZ Fishing Association	<i>Mary Jones – Secretary</i> <i>John Jones – Treasurer</i>
<p>Superannuation Funds Please use name of trustee of Fund</p>	Mary Jones Limited	<i>Mary Jones Limited – Trustee</i>

ONLY COMPLETE THE FOLLOWING SECTION IF THE FORM IS SIGNED UNDER A POWER OF ATTORNEY

<p>CERTIFICATE OF NON-REVOCATION OF POWER OF ATTORNEY (The Attorney(s) signing must sign the following certificate)</p>		
I/We	_____	
	(Insert name of Attorney(s) signing)	
Of	_____	
	(Address and Occupation)	
HEREBY CERTIFY		
1.	By a power of attorney dated _____ the Option Holder named and described above appointed me/us his/her/their attorney on the terms and conditions set out in that power of attorney.	
2.	I/We have executed the above form as attorney under that power of attorney and pursuant to the powers thereby conferred upon me/us.	
3.	At the date hereof I/we have not received any notice of information of the revocation of that power of attorney by the death (or winding up) of the Option Holder named and described above or otherwise.	
Signed at	on	2007
_____ Signature(s) of Attorney(s)		
NOTE: Your signature does not require witnessing.		