

**INDEMNITY FOR LOST OPTION CERTIFICATE**

To the Directors of **SIT LAND HOLDINGS LTD**

The original certificate of title relating the undermentioned securities of the abovenamed Company has been lost or destroyed.

Neither the securities nor the certificate of the title thereto has been transferred, charged, lent or deposited or dealt with in any manner affecting the absolute title thereto and the person named in the said certificate is the person entitled to be on the register in respect of such securities.

I request you to issue a duplicate certificate of title for such securities and in consideration of your doing so undertake (jointly and severally) to indemnify you and the company against all claims and demands (and any expenses thereof) which may be against you or the company in consequence of your complying with this request and of the Company permitting at any time hereafter a transfer of the said securities, or any part thereof, without the production of the said original certificate.

I undertake to deliver to the company for cancellation the said original certificate should the same ever be recovered.

**PARTICULARS OF CERTIFICATE LOST OR DESTROYED**

| <i>In favour of:<br/>Optionholder's<br/>Reference No.</i>                                  | <i>Particulars of<br/>Certificate:<br/>Certificate No.</i> |  | <i>Amount or Class<br/>of Securities:<br/>No. of Options</i> |  |
|--|--|--|--|--|
|  |  |  |  |  |
| <b>NAME &amp; ADDRESS OF<br/>Option CERTIFICATE<br/>HOLDER:</b>                            |  |  |  |  |
| <b>Type of Request</b> ( <i>tick as appropriate<br/>and fill in the relevant Section</i> ) | <i>Alive</i>   |  | <i>Deceased</i>  |  |
| <b><i>In Case Optionholder is Alive</i></b>  |  |  |  |  |
| <b>Contact Name &amp; Number:</b>  |  |  |  |  |
| <b>ID No.:</b>   |  |  |  |  |
| <b>SIGNATURE:</b>  |  |  |  |  |

*In Case of Deceased Optionholder*

**SIGNATURE & ID NO. OF ALL HEIRS**

| Name    | ID No. | Signature |
|---------|--------|-----------|
| 1 ..... | .....  | .....     |
| 2 ..... | .....  | .....     |
| 3 ..... | .....  | .....     |
| 4 ..... | .....  | .....     |
| 5 ..... | .....  | .....     |
| 6 ..... | .....  | .....     |
| 7 ..... | .....  | .....     |
| 8 ..... | .....  | .....     |
| 9 ..... | .....  | .....     |

Date: .....

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I/we, hereby consent that this information can be given to a third party, subject to the Provisions of the Data Protection Act

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