Kingform Health Hometextile Group Limited ACN 153 801 766 Your Details: First Name:	LODGE YOUR VOTE By Mail: Kingform Health Hometextile Group Limited Suite 2 Level 8 303 Collins Street Melbourne Victoria 3000 Australia By Fax: 03 8080 7144 For all enquiries, please call: +61 3 8804 1594 Please mark to indicate your directions	
Proxy Form		
APPOINTMENT OF PROXY I/We being a member/s of Kingform Health Hometextile G The Chairman OR Of the Meeting	roup Limited hereby appoint PLEASE NOTE: leave this box blank if you have selected the Chairman of the Meeting. Do not insert your own name(s).	

my/our proxy to act generally at the meeting on my/our behalf and to vote in accordance with the following directions (or if no directions have been given, as the proxy sees fit) at the Extraordinary General Meeting of shareholders of Kingform Health Hometextile Group Limited to be on Friday, 28 February 2014, at Suite 2 Level 8, 303 Collins Street Melbourne at 10:30am (AEST).

ITEMS OF BUSINESS PLEASE NOTE: If you mark the Abstain box for an item, you are directing your proxy not to vote on your behalf on a show of hands or a poll and your votes will not be counted in computing the required majority.

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ORDINARY BUSINE		For Against Abstain
Resolution 1. Removal of current Au	ditor as an ordinary resolution	
Resolution 2. Appointment of Audito	Or as a special resolution	For Against Abstain
SIGNATURE OF SECURITYHOLDEI	MAGNE AND AND	State Contraction
Securityholder 1 (Individual)	Joint Securityholder 2 (Individual)	Joint Securityholder 1 (Individual)
Sole Director and Sole Company Secreta	ry Director/Company Secretary (Select one	e) Director

This form should be signed by the securityholder. If a joint holding, either securityholder may sign. If signed by the securityholder's attorney, the power of attorney must have been previously noted by the registry or a certified copy attached to this form. If executed by a company, the form must be executed in accordance with the company's constitution and the Corporations Act 2001 (Cth).



Kingform Health Hometextile Group Limited

_____ Surname:

ACN 153 801 766

Your Details:

First Name: _

Address:

LODGE YOUR VOTE

By Mail:

Kingform Health Hometextile Group Limited Suite 2 Level 8 303 Collins Street Melbourne Victoria 3000 Australia

By Fax: 03 8080 7144

For all enquiries, please call: +61 3 8804 1594

HOW TO COMPLETE THIS PROXY FORM

PLEASE NOTE: This Proxy Form (and any Power of Attorney under which it is signed) must be received at the address given above by 10:30am (AEST) on Wednesday, 26 February 2014, being not later than 48 hours before the commencement of the meeting. Any Proxy Form received after that time will not be valid for the scheduled meeting.

Your Details

Please write down your details on the indicated text box. This should be your name and address as it appears on the company's security register. If your detailed information has been changed, please update the newly information on the form. Securityholders sponsored by a broker should advise their broker of any changes. Please note: you cannot change ownership of your securities using this form.

Appointment of Proxy

Voting 100% of your holding: Direct your proxy how to vote by making one of the boxes opposite each item of business. If you do not mark a box your proxy may vote as they choose. If you mark more than one box on an item your vote will be invalid on that item. Voting a portion of your holding: Indicate a portion of your voting rights by inserting the percentage of number of securities you wish to vote in the For, Against or Abstain box or boxes. The sum of the votes cast must not exceed your voting entitlement or 100%.

Appointing a second proxy

You are entitled to appoint up to t

wo proxies to attend the meeting and vote on a poll. If you appoint two proxies you must specify the percentage of votes or number of securities for each proxy, otherwise each proxy may exercise half of the votes. If you wish to appoint a second proxy, an additional Proxy Form may be obtained by telephoning the company's security registry or you may copy this form and return them both together. The appointment of the Chairman of the Meeting as your alternate proxy also applies to the appointment of the second proxy.

To appoint a second proxy you must:

(a) on each of the first Proxy Form and the second Proxy Form state the percentage of your voting rights or number of securities applicable to that form. If the appointments do not specify the percentage or number of votes that each proxy may exercise, each proxy may exercise half your votes. Fractions of votes will be disregarded.

(b) return both forms together.

Signing Instructions

You must sign this form as follows in the spaces provided:

Individual: where the holding is in one name, the holder must sign.

Joint Holding: where the holding is in more than one name, either securityholder may sign.

Power of Attorney: to sign under Power of Attorney, you must lodge the Power of Attorney with the registry. If you have not previously lodged this document for notation, please attach a certified photocopy of the Power of Attorney to this form when you return it.

Companies: where the company has a Sole Director who is also the Sole Company Secretary, this form must be signed by that person. If the company (pursuant to section 204A of the *Corporations Act 2001*) does not have a Company Secretary, a Sole Director can also sign alone. Otherwise this form must be signed by a Director jointly with either another Director or a Company Secretary. Please indicate the office held by signing in the appropriate place. Delete titles as applicable.

Attending the Meeting

Bring this form to assist registration. If a representative of corporate securityholder or proxy is to attend the meeting you will need to provide the appropriate "Certificate of Appointment of Corporate Representative" prior to admission in accordance with the Notice of Meeting. A form of the certificate may be obtained from the company's security registry.