

2 April 2025

Dear Shareholders,

REQUEST FORM FOR PRINTED COPY OF THE ANNUAL REPORT AND APPENDIX FOR THE FINANCIAL YEAR ENDED 31 DECEMBER 2024 (“AR FY2024”)

In line with our ongoing commitment to sustainability, Nippecraft Limited (the “**Company**”) has discontinued the practice of dispatching printed copies of the AR FY2024 to Shareholders. The full electronic copy of the Company’s AR FY2024 is available for viewing and can be downloaded from Company’s website at this URL: <https://www.nippecraft.com.sg/annual-report/> and on SGXNet at <https://www.sgx.com/securities/company-announcements>.

The Notice and Proxy Form for the Annual General Meeting to be held physically at Function Room 3-2, Level 3, ISCA House, 60 Cecil Street, Singapore 049709, on Monday, 28 April 2025 at 10:00 a.m. will continue to be sent to you by mail.

We sincerely hope that you will join us in our sustainability efforts. However, if you still wish to receive a printed copy of AR FY2024, please complete the Request Form below and return it to the Company, no later than 14 April 2025 by email.

By completing, signing and returning the Request Form to us, you agree and acknowledge that we and/or our service providers may collect, use and disclose your personal data, as contained in your submitted Request Form or which is otherwise collected from you (or your authorised representative(s)), for the purpose of processing and effecting your request.

Yours faithfully,
Raja Hayat
Executive Director and Chief Executive Officer

ANNUAL REPORT REQUEST FORM

To: Nippecraft Limited
2 Venture Drive
#24-01 Vision Exchange
Singapore 608526
Email: investors@nippecraft.com.sg

Please send me a printed copy of the Annual Report and Appendix for the financial year ended 31 December 2024.

Name of Shareholder	:	
NRIC / Passport No (last 4 character)	:	
Mailing address	:	
Number of shares held	:	

The manner in which you hold shares in the Company:

<input type="checkbox"/>	CDP Securities Account 1681	<table><tr><td></td><td></td><td></td><td></td><td></td><td>–</td><td></td><td></td><td></td><td></td></tr></table>						–				
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<input type="checkbox"/>	CPFIS / SRS Account											
<input type="checkbox"/>	Physical Scrip											

Signature: _____ Date: _____

Note: Incomplete or improperly completed request form will not be processed.