

**DIRECT STOCK PURCHASE PLAN
ENROLLMENT AUTHORIZATION FORM**

KMG CHEMICALS, INC.

This Enrollment Authorization Form, when completed and signed, should be mailed to the Plan Administrator to the following address:

SECURITIES TRANSFER CORPORATION, 2591 DALLAS PARKWAY, SUITE 102, FRISCO, TEXAS 75034.

Please do not sign and return this Enrollment Authorization Form unless you wish to participate in the company's Direct Stock Purchase Plan (the "Plan"). If this card is signed and returned, you will automatically be enrolled in the Plan and your Dividends Reinvested.

(Sign and date in the space provided)

(Front and back of Enrollment form)

**DIRECT STOCK PURCHASE PLAN
ENROLLMENT AUTHORIZATION FORM**

KMG CHEMICALS, INC.

I hereby appoint Securities Transfer Corporation as my agent to receive any dividends that may hereafter become payable to me on my shares of KMG Chemicals, Inc. common stock and to apply such dividends and any Voluntary Cash Payments made by me to the purchase of full and fractional shares of KMG Chemicals, Inc. common stock.

I wish to make a voluntary Cash Payment of \$ _____ (at least \$25 but no more than \$100,000 per calendar year). My check made payable to Securities Transfer Corporation/KMG is enclosed.

If shares are held jointly, all owners must sign.

Shareholder

Shareholder

Date