

Company in which investment is held



All Correspondence to:

Computershare Investor Services 2004 (Pty) Ltd
Reg. No. 2004/003647/07
PO Box 61051 Marshalltown
2107 South Africa
Telephone: 0861 100 950
+27 11 370 5000
www.computershare.com

Full names of the registered shareholder:

Shareholder Identity Number (ID)

Shareholder Reference Number (SRN)

Direct Credit – Bank Account Details

Use a **black pen**. Print in **CAPITAL** letters inside the boxes.

A	B	C
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Please read the attached instructions carefully before completing this form.

A Request for Direct Crediting of Payments

Name in which account is held: (e.g. John Smith)

Account number:

Branch code: (e.g. 250505)

Name of South African bank

Name of branch or suburb or town

Type of account (e.g. cheque, savings, etc.)



DO NOT USE YOUR CREDIT CARD NUMBER

If you are unsure of your account number or branch code, please check with your bank or building society.

B Sign here – In order for your instructions to be executed, this section must be signed and accompanied by an original certified copy of your identity document. Please attach an original certified copy of your bank statement or request your bankers to complete the Bank Verification section on the back of this page (Block C).

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions relating to payments to which I/we am/are entitled to be paid in cash, but do not override any previous Reinvestment Plan instructions.

Individual or first-mentioned shareholder

Contact telephone number during working hours:

Capacity: _____

If you are signing this form in a representative capacity, please indicate in which capacity. Please enclose certified proof of authorisation (refer section B overleaf).

Day Month Year

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Note: when signed under a Power of Attorney, the attorney states that he/she has not received a notice of revocation. Computershare requires sight of a certified copy of the Power of Attorney.



C Bank Verification (Before returning this form, this section must be completed by your bank)

I / We confirm that the above information (Block A) on the client's account at this bank / building society is correct.

Signed on behalf of _____

Bank stamp

