

Name of Company in which Shares are held. The company name must be specified.

Name and Address of first named shareholder and names of all other shareholders

Account Designation (if any)

Company Code (if known)

Shareholder Reference Number (SRN)

See next page for guidance when completing this form

Your SRN starts with 'C' 'I' or 'G' followed by 10 digits

## Dividend Reinvestment Plan (DRIP)

**Kindly Note:** This form is issued only to the addressee(s) and is specific to the unique designated account printed hereon. This personalised form is not transferable between different (i) account holders; or (ii) uniquely designated accounts. The Company and Computershare Investor Services PLC accept no liability for any instruction that does not comply with these conditions.

### A. Declaration

I/We confirm that I/we wish to participate in the Dividend Reinvestment Plan for every future dividend paid on the ordinary shares of the Company, held by me/us to which the DRIP is applied. I/We appoint Computershare Investor Services PLC or any successor administrator of the DRIP as may be appointed by the Company from time to time (the "Plan Administrator") as my/our agent to arrange the purchase of ordinary shares in the Company in accordance with the DRIP terms and conditions as may be amended from time to time. This mandate will remain in force until notice of my/our wish to withdraw from the DRIP is received by the Plan Administrator in accordance with the terms and conditions of the DRIP.

I/We declare that I am/we are not resident in any foreign jurisdiction that requires the Company to comply with any governmental or regulatory procedures arising out of this mandate. Nor do I/we hold the shares to which this mandate relates as nominee or trustee for any beneficial owner who is so resident. I/We undertake to notify the Company should there be a change in this declaration.

I/We hereby give authorisation that I/we be sent at my/our own risk by post share certificates, or if applicable, share purchase advices, or if applicable, that my/our CREST account be credited with any ordinary shares in the Company purchased on my/our behalf pursuant to this mandate.

### B. Signatures - For information on who needs to sign, please see the reverse of this form

Date DD / MM / YY

Signature 1

Signature 3 / Capacity 1 (Companies Only)

Signature 2

Signature 4 / Capacity 2 (Companies Only)

In the event that we need to contact you regarding the processing of this form, please supply one of the following:-

Daytime Telephone Number

E-mail Address (if available)

Please note that these contact details will not be recorded by Computershare Investor Services PLC for any future use.



# How to complete this form

Please use a **black pen**. Print in CAPITAL letters inside the boxes as shown in this example.



To join the Dividend Reinvestment Plan (DRIP), please sign and return this form. If you wish to receive shares instead of cash, your completed form must reach the Plan Administrator no later than the stated number of days within the terms and conditions prior to the payment date. If you have sold or otherwise transferred some or all of your shares in the Company, please contact the stockbroker or other agent through which the sale or transfer was effected for advice as to how to proceed.

Full details of this DRIP are set out in the enclosed terms and conditions. If you have any questions about completing this form or about the DRIP, please visit [www.computershare.co.uk](http://www.computershare.co.uk) and select 'Contact Us' or telephone 0870 702 0000.

**This mandate will remain in force until written notice is received by the Plan Administrator in accordance with the DRIP terms and conditions.**

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## A. Declaration

Before signing and returning this form please read the declaration and DRIP terms and conditions carefully. If you are in any doubt as to its contents or what to do, you may wish to consult an independent professional advisor authorised under The Financial Services Act 2012.

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## B. Signatures

You must sign the form as follows in the space provided:

**Joint Holding:** The signatures of all joint holders, executors or administrators are required. If the holder is under 18, a parent or legal guardian must sign and state their capacity.

**Power of Attorney:** To sign under Power of Attorney, you must have already lodged an original or certified copy of the Power of Attorney document with the Registrar. If you have not previously lodged this document for notation, please attach it to this form when you return it.

Please send us a Power of Attorney that has been certified as a true and complete copy of the original. Each page of the Power of Attorney must be certified in ink. A certified copy is one which is stamped and certified in ink by a solicitor or notary public to confirm it is a true copy of the original. For your information, we are not legally able to accept a photocopy.

**Companies:** In the case of joint holders ALL must sign. In the case of a corporation this form should be signed by two authorised signatories (e.g. Director & Company Secretary) stating their capacity. Alternatively, this form can be signed by a director of the company in the presence of a witness who attests the signature or under its common seal.

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Please return this form to: