

Computershare Investor Services (Ireland) Limited
Plan Managers
Heron House
Corrig Road
Sandyford Industrial Estate
Dublin 18
Telephone 1800 328 150
Facsimile 00353 1 4475570
DX 211019 Beacon Court
www.computershare.com

Name: _____
Address: _____

Pack Issue Date

All fields are mandatory

Your instruction will only be valid when received by Computershare Plan Managers fully completed and in a legible condition.

Form of Direction - Sell/Transfer Shares

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

A	B	C
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1	2	3
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X

If the form is not properly completed, your instruction may be rejected.

User ID/S.R.N.

Employee Number

Personal Public Service Number

A. Number of Shares to be Sold - Please complete only one option. Leave this section blank if you wish to transfer your shares.

I understand that all relevant dealing costs, as outlined in clause 8 of the terms and conditions, will be deducted from the sale proceeds and that the remaining proceeds will be paid to me by cheque. If you wish to have your net proceeds paid to a designated bank account please complete the payment method details outlined below.

Sell Restricted Shares from the Scheme

OR

Sell Unrestricted Shares from the Scheme

Payment Method

Please complete this section if you wish to have your Euro net sale proceeds paid directly into your bank account. Euro payments can only be paid into Euro Bank accounts in the Republic of Ireland.

BIC - Your BIC will be either 8 or 11 characters

IBAN

Bank Name

Address of Branch

B. Transferring Shares - Please complete only one option. Leave this section blank if you wish to sell your shares.

I hereby request the transfer of the number of shares stated to my sole name.

Transfer Restricted Shares from the Scheme

OR

Transfer Unrestricted Shares from the Scheme

PTO



C. If Section B is completed, please complete one of the below options.

Transfer to Broker

Please complete the following details to transfer your Shares to your own Broker:

Broker Name:

Broker Contact Name:

Broker Telephone Number:

Broker Email Address:

Broker ID (DTC or equivalent):

Your Details:

Broker Account Name:

Contact Telephone Number:

Brokerage Account Number:

D. SIGNATURE

I have read and agree to be bound by the terms and conditions of the Computershare Investor Services PLC postal Irish APSS share dealing service.

Signature (Please sign in the box below)

Date

DD / MM / YY