

## Dividend Reinvestment Plan Application Form

If you wish to participate in the Dividend Reinvestment Plan please complete, sign and return this form to **Dividend Reinvestment Plans, Capita IRG Trustees Limited, The Registry, 34 Beckenham Road, Beckenham, Kent, BR3 4TU, England**. Application forms received later than 15 business days prior to a dividend payment date will be effective from the following dividend payment date.

To: Capita IRG Trustees Limited (the "**Plan Provider**")

1. I/We, the undersigned, being the registered holder(s) of ordinary shares in Scottish and Southern Energy plc (the "**Company**"), elect to participate in the Dividend Reinvestment Plan for dividends paid on all of my/our holding of ordinary shares in the Company from time to time. I/We hereby appoint the Plan Provider as my/our attorney to instruct the Company in my/our name and on my/our behalf to pay all such dividends to the Plan Provider,
2. I/We have read and agree to the Conditions of the Dividend Reinvestment Plan dated January 2010 ("**Conditions**"). I/We acknowledge that this Application Form together with the Conditions form a legally binding agreement between the Plan Provider and me/us.
3. I/We appoint the Plan Provider as my/our agent to receive all my/our dividends from the Company and arrange the purchase of ordinary shares in the Company, in accordance with the Conditions. I/We agree that share certificates will be sent at my/our risk by post, or that my/our CREST account will be credited, in respect of any ordinary shares purchased on my/our behalf. This mandate will remain in force until written notice is received by the Plan Provider.

Signature:

Date:

If you are a CREST participant, please state your Participant I.D.:

Daytime Telephone Number:

### For all other joint holders:

Name:

Signature:

Name:

Signature:

Name:

Signature:

All joint holders must sign this Application Form. In the case of a company, this form must be executed in accordance with Section 44 of the Companies Act 2006 or signed on its behalf by a duly authorised officer or agent. If your personal details printed above are not correct, please amend them where necessary and sign and return this form to the Plan Provider.

If you have any questions please contact the Plan Provider by telephone on **0871 664 0381 (calls to this number cost 10p per minute plus any network extras, lines are open 9am-5.30pm, Monday-Friday excluding bank holidays) or if calling from overseas +(44) 208 639 3402 or by e-mail to [shares@capitaregistrars.com](mailto:shares@capitaregistrars.com)**. Capita IRG Trustees Limited is authorised and regulated by the Financial Services Authority ("**FSA**") and entered on the FSA Register with registration number 184113.

**Use of information for marketing:** Capita IRG Trustees Limited may share your information with other companies in the Capita Group so that you may be told about the Capita Group's products or services which might be of interest to you. Please tick if you wish to be contacted for marketing purposes by post, telephone, fax, SMS, email or other electronic means:

(Please note that if you tick the box above but decide later that you do not want to receive any further information you will need to write to Capita IRG Trustees Limited quoting your name and address, the Company name and your Investor Code).

The Registry, 32-34 Beckenham Road, Beckenham, BR3 4TU

Tel 0871 664 0381 (calls to this number cost 10p per minute plus network extras, lines are open 9am-5.30, Monday- Friday excluding bank holidays) Fax 020 8639 1023 [www.capitaregistrars.com](http://www.capitaregistrars.com)

Capita IRG Trustees Ltd