

Dividend Mandate Form

Please complete this form and return it to
Capita Registrars at the address opposite.

Shareholder helpline: 0845 143 4005

www.capitaregistrars.com

(Please complete the details below if you wish to have your Dividends or Interest paid directly into a Bank or Building Society)

Please use BLOCK CAPITALS to complete this form. Full Name(s) of all Registered Shareholder(s), Executor(s) or Administrator(s) required.

Full Name (1)	
Full Name (2)	
Full Name (3)	
Full Name (4)	

Account Designation (If any)																				
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Investor Code (IVC)																				
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Address of First Named shareholder																			
	Post Code																		

Please forward until further notice, all dividends or interest that may from time to time become payable to me/us in respect of any Shares or Stock held, to the following nominated bank or building society, or to such other branch of the organisation as the bank or building society may from time to time request. Your compliance with this request will discharge the Company's liability in respect of such dividends or other monies. The Registrars cannot accept responsibility in the event that the sort code or account number quoted by you is incorrect.

Sort Code

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Account Number

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Bank/Building Society Name and Address

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Building Society Reference or Roll Number

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Signature(s) of all Registered Shareholder(s), Executor(s) or Administrator(s) required. **All joint holders must sign this form.**

Signature (1)

Signature (2)

Contact Telephone No.

Signature (3)

Signature (4)

Date

In the case of joint holders ALL registered holders must sign. In the case of a corporation this mandate from 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.