

Request for payment of interest or dividends Guidance notes

Name of company in which the shares are held

Enter the name of the company you have invested in and your investor code, as stated on your share certificate, tax voucher or other documentation from the company. If you leave this box blank the form will have to be rejected.

Investor code (e.g. 00000999999)

This can be found on your share certificate or tax voucher.

Full name and address of the first named holder

Clearly print your name and address as it appears on the share certificate, tax voucher or other documentation from the company. If you leave this box blank the form will have to be rejected.

Designation (if any)

Enter the designation you have given your a/c or leave blank.

Daytime telephone number

We will only use your telephone number if we have any questions about this dividend or interest mandate.

3 Signatures and names of shareholder(s)

If your shares are held jointly, state all names as they appear on your share certificate, tax voucher or any other documentation from the company.

You must sign and date the form. If you are signing on behalf of someone else using a Power of Attorney, for example, you must ensure that the registrar has seen and noted your authority in its records.

OR

When completed on behalf of a corporate body each signatory should state their representative capacity e.g. Company Secretary, Director.

4 Name and address of bank, building society or person

Clearly print the name of the institution or person you wish to pay your dividends to. If you are paying dividends into a bank account for example you should write the address of the branch where the account is held.

Account name(s)

The name(s) of the individual(s) (or corporate body) the bank account is registered to.

- 1. Where shares are in the name of a deceased holder, instructions signed by the executor(s) or administrator(s) should state the name of the deceased.
- 2. Payment in accordance with these instructions discharges the company and registrar from any further liability.
- 3. The registrar reserves the right to require additional confirmation of the signature.



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Please complete in BLOCk	CAPITALS in blue or black ink.
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	e of company in which the	Investor	sarer	leia		
Company nan	1e:	code:				
2 Full name and address of the first named holder (See note 2)						
Where shares are in the name of a deceased holder, instructions signed by the executor(s) or administrator(s) should indicate the name of the deceased.						
1 st named hol	der:			Designation (if any):		
Registered address:						
Post code:		Daytime telephone				
		nun	nber:			
3 Signa	atures and names of share	eholder	(s)			
The registrar reserves the right to require additional confirmation of the signature(s). In the case of corporate						
	cories should state their representative c					
	Signature 1			Signature 2		
Sign:		Sign:				
Print:		Print:				
	Signature 3			Signature 4		
Sign:		Sign:				
Print:		Print:				
Name of dece	eased		Date:			
(if applicable):			Date.			
4 Name	o and addross of bank by	uilding	encint	v or noreon		
4 Name and address of bank, building society or person						
Please pay future interest or dividends for the above company directly to the following or to any other bank/building society which that organisation may instruct.						
Name and address of institution/person you wish to pay your dividends to:						
Account name(s):						
Sort code:		- Account number:				
Roll/reference number:						

Return to: MUFG Corporate Markets, Central Square, 29 Wellington Street, Leeds LS1 4DL.