Request for Payment of Interest or Dividends

Please complete in BLOCK CAPITALS using black ink and return in accordance with the instructions overleaf

Α	Name of Company in which shares are held	Shareholder Reference Number (if known)
в	Full name and address of the first named holder (see note 1 below)	Name Account Designation (if any) Address
		Postcode
С	Full name(s) of any other holders (Including Deceased if applicable)	Name Name Name Deceased (if Applicable)
D	Signatures This form must be signed by ALL the registered holders, executors and administrators	Signature (1) Signature (2) Signature (3) Signature (4) When completed on behalf of a corporate body, each signatory should state the representative capacity e.g. Company Secretary, Director. Date
E	Please pa Name of Bank, Building Society or person	y future interest or dividends for the above company directly to the following or to any other bank or building society which that organisation may instruct
F	Full address, including postcode	
2. Pay 3. The	ment in accordance with these ins	eased holder, instructions signed by the executor(s) or administrator(s) should indicate the name of the deceased. tructions discharges the company and registrar from any further liability. lire additional confirmation of the signature.
Ассо	unt number	
Refei Roll I	ling Society rence or Number plicable)	
G	Stamp of Bank/Building Society	If the holder is a corporate body the stamp of the bank or building society is required. For personal shareholders the stamp is required where payment is being made other than to the sole or first named holder. The branch stamp is required to confirm that the signature(s) in box D is that of

the shareholder(s) or an authorised signatory.

Request for Payment of Interest or Dividends

Please complete in BLOCK CAPITALS using black ink and return to the Registrar unless box G applies

A	Name of Company in which shares are held	Registrars look after many companies. Enter the name of the company you have invested in 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	Shareholder Reference Number (if known) This is your unique reference which will be stated on your certificates of	
		be rejected.	tax vouchers	
		Clearly print your name and address as it appears 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.	Account Designation (if any)	
	Full name and address of the first named holder (see note 1 below)		If applicable, enter the designation	
в			you have given your account, otherwise leave blank.	
Ь			Daytime Telephone Number	
			Instead of rejecting your request we may be able to resolve a query using the telephone.	
	Full name(s) of any other	If your shares are held jointly, state the second and any subsec	quent names as they appear on your	
С	holders (Including Deceased if applicable)	share certificate, tax voucher or any other documentation from the company. If you are the sole holder, leave this section blank.		
	Signatures			
		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.		
	This form must be signed by ALL the registered			
D	holders, executors or administrators			
	auministrators	When completed on behalf of a corporate body,		
		each signatory should state the representative capacity e.g. Company Secretary, Director.		
		Dat	9	
	Please pa	y future interest or dividends for the above company directly to the above company directly to the any other bank or building society which that organisation may it	_	
			nstruct	
E	Name of Bank, Building Society or person	Clearly print the name of the institution or person you wish to p		
E	Society or person	Clearly print the name of the institution or person you wish to p	ay your dividends to.	
E F			ay your dividends to. a bank account for example, you	
F Note 1. W 2. Pa	Society or person Full address, including postcode	Clearly print the name of the institution or person you wish to person you wish to person you wish to person you wish the full address. If you are paying dividends into a should write the address of the branch where the account is here sed holder, instructions signed by the executor(s) or administrator(s) should indicate to ctions discharges the company and registrar from any further liability.	ay your dividends to. A bank account for example, you eld.	
F 1. W 2. Pa 3. Th	Society or person Full address, including postcode	Clearly print the name of the institution or person you wish to person	ay your dividends to. a bank account for example, you eld. the name of the deceased. it number, often separated by two dashe os of two figures. It will be printed on you	
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the shareholder(s) or an a returning to the registrar.