

# BANK MANDATE FORM

You should use this form to have your proceeds paid directly into a bank or building society account. Please use BLOCK CAPITALS to complete this form. ●

|                                |
|--------------------------------|
| <b>COMPANY SHARES HELD IN:</b> |
| <b>SHAREHOLDER NAME:</b>       |
| <b>INVESTOR CODE:</b>          |

### Bank or building society details

Sort code    Account number

Bank or building society reference or roll number (if applicable)

Account Holder Name

Bank or building society name

Payment in accordance with these instructions discharges the company from any further liability.

### Signatures

Please sign below – Any one shareholder can sign

|  |  |
|--|--|
| Signature 1<br><input style="width: 100%; height: 25px;" type="text"/> | Signature 2<br><input style="width: 100%; height: 25px;" type="text"/> |
| Signature 3<br><input style="width: 100%; height: 25px;" type="text"/> | Signature 4<br><input style="width: 100%; height: 25px;" type="text"/> |
| Date<br><input style="width: 100%; height: 25px;" type="text"/>        | <input style="width: 100%; height: 25px;" type="text"/>                |

PLEASE RETURN COMPLETED FORM TO: LINK GROUP, 10<sup>TH</sup> FLOOR, CENTRAL SQUARE, 29 WELLINGTON STREET, LEEDS LS1 4DL

# CHANGE OF ADDRESS FORM

Please use BLOCK CAPITALS to complete this form.

|                                  |                    |
|----------------------------------|--------------------|
| <b>COMPANY SHARES HELD IN:</b>   |                    |
| <b>SHAREHOLDER NAME:</b>         |                    |
| <b>INVESTOR CODE (IF KNOWN):</b> |                    |
| <b>OLD ADDRESS</b>               | <b>NEW ADDRESS</b> |
|                                  |                    |
|                                  |                    |
|                                  |                    |
|                                  |                    |
| <b>POSTCODE:</b>                 | <b>POSTCODE:</b>   |

I WISH TO RECEIVE ALL FUTURE COMMUNICATIONS VIA EMAIL

EMAIL ADDRESS:

### Signatures

Please sign below – Any one shareholder can sign

|  |   |
|--|---|
| Signature 1<br><input style="width: 100%; height: 25px;" type="text"/> | Signature 2<br><input style="width: 100%; height: 25px;" type="text"/>              |
| Signature 3<br><input style="width: 100%; height: 25px;" type="text"/> | Signature 4<br><input style="width: 100%; height: 25px;" type="text"/>              |
| Date<br><input style="width: 100%; height: 25px;" type="text"/>        | Daytime Telephone Number<br><input style="width: 100%; height: 25px;" type="text"/> |

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