

Ferguson plc US Dollar Dividend Service WIRE TRANSFER WITH IBAN

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Please return completed form to: Intern Aspect House, Spencer Roa (or in a rep If you have any queries please contact the shareho Lines open 8:30am to 5:30pm (UK time	ad, Lanci Iy paid enve older helpl	ng, W elope if line on	/est i prev i 037	Suss viously 71 384	ex, BN provid 2934 (199 ed to +44	6DA, 9 you) 121 41	Uni 5 70	te	d K i if ca	i ng allir	d oi ng fr	n om	out	side			.).			
See Guidance Notes overleaf before completing t	his form																				
Section 1: YOUR DE		ase pr	ovid	le deta	ails of y	/our	shareh	oldi	ng												
Full name & address of 1 st named holder or corporate entity				Shareholder Reference (8 or 11 digits)																	
					CREST	ID (if	applical	ble)		_	м	lemb	oer A	/C II	D (if	app	olica	ble)			
Country Post Code/ZIP C	Code																				
Branch address of bank					Name	of Ba	nk			-									_		
					Bank a	ccou	nt in the	nan	ne	of											
Country Post Code/ZIP C	Code																				
	Section 2	2: PAYI	MEN	IT DET	AILS																
US DOLLAR PAYMENTS (via Wire payment)																					
IMPORTANT: Your bank or their agents may levy charges on V	VIRE TRANS	SFERS a	ccor	ding to	o their p	olicy															
Bank SWIFT Code (8 or 11 digit BIC Code)																					
Account Number/International Bank Account Number (IBAN)	– please us	se IBAN	l whe	ere app	olicable																
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Additional Information		_						-													
YOU CAN OBTAIN THESE DETAILS FROM YOUR ACCOUNT HOL									~ ~												
This form can only b AUSTRIA	be applied t	IREL/		ountsi	n the to	llow	ing coun	itrie	5:			POI	RTUG	GAL							
CYPRUS		SPAIN																			
DENMARK LEBANON						SWEDEN															
FINLAND FRANCE							SWITZERLAND UNITED KINGDOM														
GERMANY								(including Isle of Man and Channel Islands													
GREECE		NOR	WAY																		
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Section 3: DECLARATIO													- -	£ -				.1			
Declaration: Please forward until further notice, any future pa shares held, in US Dollars to the nominated bank detailed abov Compliance with this request will discharge the Company of ar until revoked by you.	ve, or to suc	ch othe	r bra	nch of	the org	anis	ation as	the b	ban	k ma	ay fi	rom	time	to t	ime r	req	uest		ce		
Signature 1	Signature 2							e 2													
Print Full Name	Print Full					-ull Name															
Signature 3	ignatur	nature 4																			

If you are signing as a Power of Attorney or other authority then please print your full name above.

Print Full Name

IMPORTANT: Bodies corporate must execute under their common seal or in accordance with section 44 of the Companies Act 2006, and provide a letter on company headed paper confirming the capacity of the authorised signatories with the completed form to avoid the form being rejected.

Print Full Name

Please return completed form to: International Payments, Equiniti (Jersey) Limited, c/o Equiniti Limited, Aspect House, Spencer Road, Lancing, West Sussex, BN99 6DA, United Kingdom

If you have any queries please contact the shareholder helpline on **0371 384 2934** (+44 121 415 7011 if calling from outside the UK). Lines open 8:30am to 5:30pm (UK time), Monday to Friday (excluding public holidays in England and Wales).

IMPORTANT

- This form should only be used to elect to receive US Dollar cash dividends on Ferguson plc shares for the countries indicated overleaf.
- This instruction will only be applied to the holding indicated. Should you wish to include other holdings you must complete a separate form.
- Please ensure your beneficiary bank account can accept US Dollars.
- Your bank or their agents may levy charges on WIRE TRANSFERS according to their policy. This may include conversion to another currency if your account cannot accept US Dollar payments. Please check with your account holding bank before completing this form.
- CREST Members: This form MUST be submitted along with a valid US Dollar Election using the CREST Dividend Election Process. Your dividend may be retained if you do not provide a correct US Dollar Bank Mandate.
- Incomplete or incorrect forms cannot be accepted and will be returned.
- This instruction will not override any existing Dividend Reinvestment Plan mandate which you must revoke in writing. Crest Members need to delete standing instructions via Crest
- All shareholders must sign the declaration and enter their full name in block capitals. If you are a sole shareholder please only complete one signature panel.
- To participate Equiniti must receive the fully completed form at least fifteen (15) working days prior to the next dividend payment date.
- Power of Attorney (if applicable)

Complete your full name if you are signing as a power of attorney.

To avoid any delay in setting up these payment instructions, if you have not previously recorded the Power of Attorney document with us, please include either; the original document or, a photocopy, with this form. If you are sending a photocopy, please make sure every page is signed with an original signature, either by the person granting the Power or by a solicitor or stockbroker, to confirm that it is a true and complete copy of the original

• Corporates (if applicable)

Corporates must provide a letter on company headed paper confirming the capacity of each of the authorised signatories and must submit this with the completed form or the form will be rejected.