

Section 1 YOUR DETAILS

Full name of First Named Holder

1.

Joint Holder(s) – Maximum four (4) holders

2.

3.

4.

Full Address of First Named Holder

Country

Post Code

Company to which this plan applies

Land Securities Group PLC

Shareholder reference (8 or 11 digits) (Note 1)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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This application only applies to the holding above. Separate applications must be completed for additional holdings held in the above Company.

Shares to which this plan applies

**ORDINARY SHARES OF 10 PENCE
HELD IN CERTIFICATED FORM**

IMPORTANT

- Non CREST holders only (CREST holders need to elect through CREST).
- In order to participate in the Plan, in respect of a particular dividend, this form must be correctly completed and received at least **fifteen (15)** working days prior to the next dividend payment date.

Section 2 DECLARATION: All shareholders must sign and print their full names

Declaration: A copy of the Terms and Conditions referred to herein have been issued to you/made available on www.shareview.co.uk/info/drip or as detailed in the accompanying literature. These form the basis on which our services will be provided to you. For your own benefit you should read these Terms carefully before signing the application. If you do not understand any point please contact us on the number indicated in the Guidance Notes.

To: Equiniti Financial Services Limited (Equiniti)

By signing this form I/we apply to join the Dividend Re-Investment Plan (the Plan) for each future dividend paid on the fully paid up shares shown above in Section 1 held by myself/ourselves to which the Plan is applied.

I/We appoint Equiniti as my/our agent to arrange the purchase of fully paid up shares of the Company shown above in Section 1 in accordance with the Terms and Conditions of the Plan. This request will remain in force until revoked in writing by me/us, or otherwise cancelled in accordance with the Terms and Conditions of the Plan.

To: Land Securities Group PLC

I/we the undersigned instruct **Land Securities Group PLC** to pay my/our dividend in respect of all the shares applying to the Plan to Equiniti. (Note 2)

Signature 1

Signature 2

Print Full Name

Print Full Name

Signature 3

Signature 4

Print Full Name

Print Full Name

Today's Date (Note 3)

If signing as Power of Attorney or other authority please print your full name (Note 4)

Bodies corporate must execute under their common seal or in accordance with section 44 of the Companies Act 2006.

Equiniti may send you notices about products and services we think that you may be interested in. If you do not wish to receive these communications, please tick this box. (Note 5)

GUIDANCE NOTES

You should find the answer to any queries you have, as well as a copy of the full Terms and Conditions for the Plan, online at www.shareview.co.uk/info/DRIP.

However, if you would like to speak to someone then you can contact the Shareholder Services Helpline on:

UK: 0371 384 2128

International: +44 121 415 7049

A textphone service is also available on:

UK: 0371 384 2255

International: +44 121 415 7028

Lines open 8.30am to 5.30pm (UK time), Monday to Friday (excluding public holidays in England and Wales).

Alternatively you can write to us at the address below.

Once completed please send your form to:

Share Dividend Team

Equiniti

Aspect House

Spencer Road

Lancing

West Sussex BN99 6DA

United Kingdom

Note 1: Shareholder reference (8 or 11 digits)

This can be found on your share certificate or previous tax voucher/dividend confirmation.

Note 2: Print & Sign

All shareholders must sign the declaration and print their full name in the appropriate boxes provided.

Note 3: Today's Date

Dividend Election deadline

To participate in respect of a particular dividend, Equiniti must receive the fully completed form at least **fifteen (15)** working days prior to the next dividend payment date.

Note 4: Power of Attorney (if applicable)

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

To avoid rejection if you have not previously recorded the Power of Attorney document with us please ensure that you send us 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.

Note 5: Marketing

If you do not want to receive any additional marketing communications from Equiniti please tick this box.
