

DIVIDEND RE-INVESTMENT PLAN APPLICATION FORM

Section 1 YOUR DETAILS	
Full name of First Named Holder	Company to which this plan applies
1.	Land Securities Group PLC
Joint Holder(s) – Maximum four (4) holders	Shareholder reference
2.	
3.	This application only applies to the holding above. Separate applications must be completed for additional
4.	holdings held in the above Company.
Full Address of First Named Holder	Shares to which this plan applies
	ORDINARY SHARES OF 10 PENCE
	HELD IN CERTIFICATED FORM
Country	
Post Code	
IMPORTANT	
 Non CREST holders only (CREST holders need to elect through C 	CREST).
 In order to participate in the Plan, in respect of a particular divi 	
at least fifteen (15) working days prior to the next dividend pay	·
Section 2 DECLARATION: All shareholders	
Declaration: A copy of the Terms and Conditions referred to here	·
www.shareview.co.uk/info/drip or as detailed in the accompany	-
will be provided to you. For your own benefit you should read the	
not understand any point please contact us on the number indica	ated in the Guidance Notes.
To: Equiniti Financial Services Limited (Equiniti)	at Dian (the Dian) for each future dividend raid on the fully
By signing this form I/we apply to join the Dividend Re-Investmen	
paid up shares shown above in Section 1 held by myself/ourselve I/We appoint Equiniti as my/our agent to arrange the purchase o	
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	ind Conditions of the Flan.
I/we the undersigned instruct Land Securities Group PLC to pay I	my/our dividend in respect of all the shares applying to the
Plan to Equiniti. (Note 1)	117, our arriagina in respect of all the shares applying to the
Signature 1	Signature 2
Print Full Name	Print Full Name
Signature 3	Signature 4
Print Full Name	Print Full Name
Today's Date (Note 2) If signing as Power of Attorney or other authority please print your full name (Note 3)	

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

GUIDANCE NOTES

You can find the answer to most questions and also send us your query securely by completing the online form at www.shareview.co.uk/info/drip

Or you can call us on +44 (0) 371 384 2128 Please use the country code when calling from outside the UK. When you call, please quote your 11 digit Shareholder Reference number. Lines are open from 8.30am to 5.30pm (UK time) Monday to Friday, excluding public holidays in England and Wales.

For deaf and speech impaired customers we welcome calls via **Relay UK**. Please see <u>www.relayuk.bt.com</u> for more information.

Once completed please send your form to;

Share Dividend Team, Equiniti, Aspect House, Spencer Road, Lancing, West Sussex, BN99 6DA United Kingdom

Note 1: Print & Sign

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

Note 2: 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 3: 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.