

International Payment Service PAYMENTS INTO LOCAL DOMESTIC CURRENCY VIA WIRE TRANSFER

								Se	ection 1	LYOU	R DETAI	LS					
Full Na	ame of	f Share	eholder((s)							Shares	to whi	ch the	Servic	e will a	pply (N	lote 1)
											Comp	any 1					
Full Address										Shareholder Ref 1							
												e boxes	below.	Other	holding	s held in	e same name please joint names require their
Country											Company 2						
Post/ZIP Code											Shareholder Ref 2						
											Company 3						
RD7000										Shareholder Ref 3							
_	RTANT																
√ P	lease co	omplet	e this for	m in ful	l using E	BLACK I	NK and I				end to th		ss indic	ated in	the Gu	idance N	lotes.
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							Secti	on 3 Y	OUR BE	NEFIC	IARY B	ANK DE	TAILS				
				r to not	e 6 on t	he rev	erse of t	his forn	n for the	permi	tted cur						count
Name	of Bar	ık (No	te 4)								Branch Address of Bank (Note 4)						
Bank a	accoun	t in th	e name	(s) of:	(Note 5	5)											
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											Cot	intry					
Accou	nt Typ	e (Not	e 5)	IMPOF	RTANT:	Your	bank o	their	agents	may le	evy cha	rges on	WIRE	TRAN	SFERS :	accordi	ng to their policy.
	1 = S	avings ,	/ 2 = Che	cking/C	urrent /	3 = Ot	her										
SWIFT	J BIC: (Full 11	charac	ter SW	IFT BIC	reaui	red. If 8	3 chara	cters th	nen las	st 3 cha	racters	= "XX	x") (N	ote 6)		
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				Se	ction 4	I DECL	ARATIO	N: All	shareh	olders	must s	ign and	print	their	full nar	nes	
Decla	ration:	This se	ervice is p														ill be serviced by Equiniti Ltd,
	•			•	-			-		•	-			-		vn behal	If and in their own name, thus
			y of the (s and Co										•			co uk/i	nfo/ips. These form the basis
	-		es to you							-							
If you	ı need l	nelp wi	th any po	oint, ple	ase con	tact us	on the i	number	indicate	ed in th	e Guida	nce Not	es. By s	igning	this app	lication,	you are instructing us to pay
-	-	-	ts paid or							-			-				
			nam m r	orce uni	.ii revok	ea in w	riting by	you, or	otherw	Tse can	e cancelled in accordance with the Terms and Conditions of the Service. (Note 7)						
Signature 1								Signature 2									
Print Full Name							Ī	Print Full Name									
] 1									
Signature 3									Signature 4								
Print Full Name									Print Full Name								
Today	/'s Dat	e		<u>If</u>	you ar	e signi	ng as a	Power	of Atto	orney	or othe	r autho	ority th	en ple	ease pr	int you	r full name (Note 8)

GUIDANCE NOTES

IMPORTANT

- This instruction will only be applied to the holdings indicated. Should you wish to include other holdings please contact the Shareholder Services
 Helpline on the number below.
- Please ensure your beneficiary bank account can accept funds in the currencies indicated below (Note 6).
- Incomplete or incorrect forms cannot be accepted and will be returned.
- This instruction will not override any existing Scrip or Dividend Reinvestment Plan mandate which you must revoke in writing.

You can find the answer to most questions at www.shareview.co.uk/info/ips

Or you can call us on +44 371 384 2030 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.

Once completed, dated and signed, please send your form to:

INTERNATIONAL PAYMENT SERVICE, EQUINITI, ASPECT HOUSE, SPENCER ROAD, LANCING, WEST SUSSEX, BN99 6DA, UNITED KINGDOM

Note 1: Shareholder reference (11 digits) This can be found on your share certificate/nominee statement or previous tax voucher.

Note 2: Applying the mandate to multiple holdings

You can apply this mandate on up to 3 holdings in the same name, in Companies you hold shares in, where Equiniti Limited is the registrar or Equiniti Financial Services Limited offers a Corporate Sponsored Nominee service.

IMPORTANT: If you hold further holdings together with other people (i.e. joint holders), together you need to submit a separate form for such joint holding. Please enter the Company Name and your associated Shareholder Reference in the boxes provided.

- Note 3: Contact Telephone Number (including any local dialling options) Please provide your contact telephone number for any enquiries. IMPORTANT: Please note contact number is mandatory for Taiwanese residents.
- Note 4: Name and Address of Bank Complete the bank name and branch address of your bank to which dividends will be sent.

Note 5: Bank account in the name(s) of

Please provide the full name(s) as indicated on your bank account.

Note 6: Payment Details

Payments will be made by Wire Transfers (direct bank to bank transactions) and will be delivered in the currencies indicated below:

COUNTRY	CURRENCY	COUNTRY	CURRENCY	COUNTRY	CURRENCY
ANDORRA	EUR	DJIBOUTI	DJF	QATAR	QAR
ANGUILLA	XCD	DOMINICA	XCD	RWANDA	RWF
ANTIGUA	XCD	FALKLAND ISLANDS	GBP	SRI LANKA	LKR
ARMENIA	AMD	GRENADA	XCD	ST KITTS AND NEVIS	XCD
AZERBAIJAN	AZN	GUYANA	GYD	ST LUCIA	XCD
BAHAMAS	BSD	HONDURAS	HNL	ST VINCENT & GRENADINE	XCD
BAHRAIN	BHD	HONG KONG	HKD	SAMOA	WST
BARBADOS	BBD	INDIA	INR	SEYCHELLES	SCR
BERMUDA	BMD	INDONESIA	IDR	SINGAPORE	SGD
BHUTAN	BTN	JAPAN	JPY	SOLOMON ISLANDS	SBD
BOTSWANA	BWP	LESOTHO	LSL	TAIWAN	TWD
BRUNEI DARUSSALAM	BND	MALAYSIA	GBP	THAILAND	THB
CAPE VERDE	CVE	MONTSERRAT	XCD	TONGA	TOP
CAYMAN ISLANDS	KYD	PHILIPPINES	PHP	VIRGIN ISLANDS (BRITISH)	USD
CHILE	CLP	PUERTO RICO	USD	VIRGIN ISLANDS (US)	USD
COSTA RICA	CRC				

ALL DETAILS MUST BE PROVIDED:

ACCOUNT TYPE: Should either be 1 = Savings / 2 = Checking/Current / 3 = Other (please ensure your account can accept payments in the relevant currency shown above via Wire Transfer)

SWIFT BIC CODE: Either 8 or 11 characters. If 8 characters then last 3 characters should be "XXX"

ACCOUNT NUMBER: Up to 34 characters - start from the first box and continue on the row beneath as required leaving any remaining boxes blank.

IMPORTANT: Your bank or their agents may levy charges on WIRE TRANSFERS according to their policy.

Note 7: Print & Sign

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. NB: To participate Equiniti must receive the fully completed form at least fifteen (15) working days prior to the next dividend payment date.

Note 8: Power of Attorney (if applicable)

Complete your full name here 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.