International Payment Service SAUDI ARABIA
SAUDI ARABIAN RIYAL PAYMENTS VIA WIRE TRANNSFER WITH IBAN

Section 1 YOUR DETAILS

Full Name of Shareholder(s)

Full Address

Country

Post/ZIP Code

Date of Birth (DD/MM/YYYY)

Passport No. or ID No. (Note 3)

Shares to which the Service will apply (Note 1)

Company 1

Shareholder Ref 1

To apply this mandate to other holdings **in the same name** please complete boxes below. Other holdings held in **joint names** require their own, **separate application form** (Note 2)

Company 2

Shareholder Ref 2

Company 3

Shareholder Ref 3

IMPORTANT: Please complete this form in full using BLACK INK and BLOCK CAPITALS and send to the address indicated in the Guidance Notes.

Section 2 YOUR BENEFICIARY BANK DETAILS

Name of Bank (Note 4)

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

Branch Address of Bank (Note 4)

Country:

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

Account Type (Note 6)

1 = Savings / 2 = Checking/Current / 3 = Other

SWIFT BIC Code: (8 or 11 characters) (Note 6)

Account Number – up to 34 characters, can be alphanumeric (Note 6)

International Bank Account Number ("IBAN") (Note 6)

Section 3 DECLARATION: All shareholders must sign and print their full names

Declaration: This service is provided to you by Equiniti Ltd or Equiniti Financial Services Ltd (Equiniti FS). Certificate holders will be serviced by Equiniti Ltd, while Equiniti FS services CSN participants. In either case Equiniti Ltd and Equiniti FS provide this service fully on their own behalf and in their own name, thus not on behalf of any of the Companies. Therefore, none of these Companies bear any responsibility for this service.
A copy of the Terms and Conditions referred to herein have been issued to you or made available on **www.shareview.info/products/ips.** These form the basis on which our services to you will be provided. You should read these Terms and Conditions carefully before signing the application.
If you need help with any point, please contact us on the number indicated in the Guidance Notes. By signing this application, you are instructing us to pay any future payments paid on the shares shown in Section 1 to be credited to your bank account that you nominate in Section 2.
This request will remain in force until revoked in writing by you or otherwise cancelled in accordance with the Terms and Conditions of the Service. (Note 7)

Signature 1

Print Full Name

Signature 2

Print Full Name

Signature 3

Print Full Name

Signature 4

Print Full Name

Today's Date

If you are signing as a Power of Attorney or other authority then please print your full name (Note 8)

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

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 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 does not override any existing Scrip or Dividend Reinvestment Plan mandate which you must revoke in writing.

You can find answers to the most questions online at **www.shareview.info/products/ips**
Or you can call us on **+44 371 384 2030**. Please us the country code when calling from UK. When you call, please quote your 11 digit Shareholder Reference number. Lines are open 8:30pm to 5:30pm (UK time), Monday to Friday (excluding public holidays in England and Wales).

Once completed, signed and dated, 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: Passport No. or ID No.
We may require additional details from you in order to complete payments to you. Please check with your bank for the information we will require. For payments to individuals, beneficiary date of birth and passport number (or other unique ID) are recommended.

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

COUNTRY	CURRENCY	PAYMENT METHOD	IBAN LENGTH
SAUDI ARABIA	SAR	WIRE	24 characters

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
INTERNATIONAL BANK ACCOUNT NUMBER (IBAN): See above for specific IBAN lengths – 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. **There are additional requirements for Power of Attorneys obtained outside of the UK. Please check www.shareview.info/shareview/powerofattorney or contact Equiniti for further details.**