

# Overseas Payment Service AZERBAIJAN AZERBAIJAN NEW MANAT PAYMENTS

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						I YOU	OUR DETAILS Shares to which the Service will apply (Note 1)										
Full Name of Shareholder(s)						Company 1											
Full Address					=	Shareholder Ref 1											
						To apply this mandate to other holdings in the same name please complete boxes below. Holdings in joint names require a separate application form (Note 2)											
Country							Company 2										
Post/ZIP Code							Shareholder Ref 2										
							Company 3										
RD7023							Shareholder Ref 3										
IMPORTANT:																	
✓ Please complete this f	orm in t	full usin	g BLACK			CAPITA AX PAY						the Gu	idance I	Notes.			
Beneficiary Tax Identific	ation N	Numbe	r (Note														
				Sec	tion 3	VOLIR E	ENEEL	CIARV P	VINK D	FTAII S							
Name of Bank (Note 4)				360	.tion 5	TOOK	LINEI	FICIARY BANK DETAILS  Branch Address of Bank (Note 4)									
Bank account in the name(s) of: (Note 5)																	
Dank account in the nam	110(3) 0	. (1401	. <b>.</b> .					Country:									
								Cou	itry:								
Account Type (Note 6)		1 = Sa	avings / :	2 = Che	cking/Cı	urrent /	3 = Othe	er									
SWIFT BIC Code: (8 or		<u> </u>		I		1	I	1				1					
11 characters) (Note 6)												]					
Account Number – up												1				T	
to 34 characters, can be alphanumeric (Note 6) International Bank Account Number ("IBAN") (Note 6)																<u> </u>	
		<u> </u>	1	<u> </u>	<u>I</u>	<u> </u>	l	I				I	I	<u> </u>	1 1		
						ll share											
<b>Declaration</b> : A copy of the detailed in the accompanyic carefully before signing the application, you are instruc Section 3, or to any such bryou, or otherwise cancelled Limited's liability in respect	ng litera applica ting us t anch of I in acco	ture. The tion. If you to pay a the organd rdance	nese forr you need ny futuro anisation with the	n the bad any he paymon as the Terms	asis on velp with ents paid bank mand Cor	which ou any poir d on the nay from nditions	r servicent please shares time to	es to you e contac shown i time re	u will be t us on t n Sectio quest. T	provide the num n 1 to b his requ	ed. You ber ind e credit est will	should icated in ed to th remain	read the n the Gu ie overse in force	ese Tern uidance eas ban e until re	ns and ( Notes. I k nomir evoked	Condition By signin nated in in writin	ng this g by
Signature 1						Signature 2											
Print Full Name						Print Full Name											
Signature 3							Signature 4										
Print Full Name							Print Full Name										
Today's Date		lf you a	re sign	ing as	a Powe	er of At	torney	or other	er auth	ority tl	en ple	ase pr	int you	r full n	ame (N	lote 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 the answer to most questions at www.shareview.co.uk/info/ops

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 please send your form to;

OVERSEAS PAYMENT SERVICE, 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/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 is the registrar.

IMPORTANT: A separate application form is required if the holdings are in different names (i.e. joint holders).

Please enter the Company Name and your associated Shareholder Reference in the boxes provided.

## Note 3: Beneficiary TAX Identification Number

Please provide your tax identification number.

## 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
AJERBAIJAN	AZN	WIRE	28 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.