

# Overseas Payment Service COSTA RICA COSTA RICA COLON PAYMENTS VIA WIRE TRANSFER

							Se	ction 1	YOU	R DE	TAIL	S					
Full Name of	Shareh	older(	s)							Shar	es to	o whic	h the S	Service	will ap	ply (N	ote 1)
										Со	mpa	ny 1					
Full Address						1	Shareholder Ref 1										
										comp	olete	boxes		Holding			same name please require a <b>separate</b>
Country							Company 2										
Post/ZIP Code						1	Shareholder Ref 2										
							_	Company 3									
RD7011							7	Shareholder Ref 3									
IMPORTANT ✓ Please co		this forr	n in full	using B	LACK IN	NK and B	LOCK C	APITALS	and se	end to	o the	addres	ss indica	ited in t	he Guid	ance No	otes.
							Se	ction 2									
Beneficiary I	D (Pass	port nu	ımber	or loca	l ID) (1	7 Digit	s) (Not	e 3)						1		1	1
	<u>'</u>			•	•	Section	on 3 YC	UR BE	NEFIC	IARY	BAI	NK DET	TAILS	•		•	4
Section 3 YOUR BENE Name of Bank (Note 4)									Branch Address of Bank (Note 4)								
Bank accoun	t in the	name(	s) of: (	Note 5	)												
,, , ,									Cou	intry:							
Account Typ	e (Note	6)							'								
1 = S	avings / :	2 = Chec	cking/Cu	ırrent /	3 = Oth	ier											
SWIFT BIC: (Full 11 character SWIFT BIC required. If 8 characters then last 3 characters = "XXX") (Note 6)																	
Account Nur	nher – I	ın to 3	4 chara	ctors	can he	alnhar	numeri	c (Not	a 6)	J							
Account Ivan		AP 10 3	Cilare	100013,	Can be	П			1								1
			C		DECL	ARATIO	AL AIL	t t	-1-1					h			1
detailed in the carefully before application you, or to any su	accomp e signing u are ins ch branc celled in	anying I g the ap tructing h of the accorda	ms and literatur plication us to pa organis	Conditine. Thes  If you  ay any feation a  the the To	ions reform to the form to the form to the form to the forms and the forms are forms and the forms and the forms are forms are forms and the forms are forms are forms and the forms are forms a	erred to the basis any help ayments ank may and Condi	herein s on wh with an s paid o from tii tions of	have be ich our ny point n the sh me to ti the Ser	en issu service please ares sl me rec	ued to es to y conta hown quest.	you wact used in Section This	/made vill be p s on the ection 1 reques	availab rovided e numb I to be o st will re	le on <b>w</b> l. You sh er indic credited emain ir	ww.sha nould re ated in t to the o n force u	review. ad these the Guic overseas intil revo	co.uk/info/ops or as e Terms and Conditions lance Notes. By signing this s bank nominated in Section oked in writing by you, or iti Financial Service
Signature 1								Signature 2									
Print Full Name							Ī	Print Full Name									
Signature 3							_	Signature 4									
Print Full Name							Ī	Print Full Name									
Today's Dat	e		ı	f you a	re sigr	ning as	a Powe	er of At	torne	y or	othe	er auth	ority t	hen pl	ease pi	int you	ır 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 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/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 ID (Passport Number or Local ID)

Please provide your Beneficiary ID. This will be the same 17 digit ID you supplied to your bank upon account opening.

Please note this is required in order to setup your instruction with our Payment Agent and the form will be returned to you without carrying out your instructions if this is not completed.

#### 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 currency indicated below:

COUNTRY	CURRENCY	PAYMENT METHOD
COSTA RICA	CRC	WIRE

## 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.