



Overseas Payment Service SWEDEN SWEDISH KRONA PAYMENTS

Section 1 YOUR DETAILS

Full Name of Shareholder(s)

Full Address

Country

Post/ZIP Code

RD7018

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. Holdings in joint names require a 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 3)

Bank account in the name(s) of: (Note 4)

Branch Address of Bank (Note 3)

Country:

Complete Account Type and SWIFT BIC code in all cases and either Option A or B (Note 5)

Account Type (Note 5)

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

SWIFT BIC Code: (8 or 11 characters) (Note 5)

Option A: Payments to be made as Automated Clearing House (ACH) Credits (Note 5)

Bank Code (4 digits)

International Bank Account Number ("IBAN") (24 digits)

Account Number (12 digits)

Option B: Payments to be made as Wire Transfers (Note 5)

Account Number – up to 34 characters, can be alphanumeric

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

Declaration: A copy of the Terms and Conditions referred to herein have been issued to you/made available on www.shareview.co.uk/info/ops or as detailed in the accompanying literature. 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 any 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 the overseas bank nominated in Section 2, or to any such branch of the organisation as the bank may from time to time request. 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. This request will discharge the Company's/Equiniti Financial Service Limited's liability in respect of such dividends or other monies. (Note 6)

Signature 1

Print Full Name

Signature 3

Print Full Name

Signature 2

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 7)

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 5**).
- 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: Name and Address of Bank

Complete the bank name and branch address of your bank to which dividends will be sent.

Note 4: Bank account in the name(s) of

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

Note 5: Payment Details

Payments will be delivered in the currency indicated below:

COUNTRY	CURRENCY	PAYMENT METHOD
SWEDEN	SEK	ACH or WIRE

PLEASE NOTE FOLLOWING MUST BE PROVIDED IN ALL CASES:

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 ACH or Wire Transfer**)

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

You can elect to have payments made directly to your account either as:

OPTION A: PAYMENTS TO BE MADE AS AUTOMATED CLEARING HOUSE (ACH) CREDITS

Please provide the following:

BANK CODE: 4 digits.

ACCOUNT NUMBER: 12 digits (please add leading zeros if account number is less than 12 digits)

INTERNATIONAL BANK ACCOUNT NUMBER (IBAN): 24 characters made up of the following:

CODE	DESCRIPTION
SE	Country code (ISO)
KK	IBAN Check Digits
BBB	National Bank Code
C CCCC CCCC CCCC	Account Number
K	Check Digit

OPTION B: PAYMENTS TO BE MADE AS WIRE TRANSFERS

Please provide the following:

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 6: 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 7: 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.