

Overseas Payment Service AUSTRALIA AUSTRALIAN DOLLAR PAYMENTS

						Section	1 YOU	R DET	AILS								
Full Name of Shareholder(s)																	
								Shares to which the Service will apply (Note 1)									
Full Address							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)									
Country								Company 2									
Post/ZIP Code							Shareholder Ref 2										
							Company 3										
RD7008								Shareholder Ref 3									
IMPORTANT:	this for	rm in ful	Lusing F	SI ACK IN	JK and I	פו טכג כ	ΔΡΙΤΔΙ S	and sei	nd to the	addres	s indica	ited in t	he Guid	ance No	ites		
 Please complete this form in full using BLACK INK and BLOCK CAPITAL Section 2 YOUR BENEF 							CIARY BANK DETAILS										
Name of Bank (Note 3)								Branch Address of Bank (Note 3)									
Bank account in the name(s) of: (Note 4)																	
	6.1							Country:									
Please complete ONE											/		:				
Option A: Payments to be made as	Austi	ralian B	Sank Sta	ate Bra	ncn Co	oae (7 c	ligits)		Acco	unt Nu	mber (up to 9	aigits)		1		
Automated Clearing House (ACH) Credits				-													
Tiouse (Acri) credits	SWIF	T BIC: (Full 11	charac	ter SW	/IFT BIO	requir	ed. If 8	chara	cters th	en las	t 3 cha	racters	= "XXX	(")		
Option B: Payments to be made as Wire Transfers																	
	Acco	unt Nu	mber –	up to	34 cha	racters	, can be	alpha	numer	ic		<u>. </u>					
		Carria	- 2.056	LADAT	10N- 4	II -l	le a lata a					6 . II					
Declaration: A copy of the detailed in the accompant carefully before signing the this application you are in Section 2, or to any such you, or otherwise cancell Service Limited's liability	ne Term: lying lite he appli nstructir branch (ed in ac	s and Co erature. cation. I ng us to of the or cordanc	onditions These for f you ne pay any rganisati e with t	referre orm the ed any future p on as the ne Term	ed to he basis or help wit baymen ne bank ns and C	rein haven which the any pets paid of the may from the condition	our servi oint plea on the sh om time t ns of the	ssued to ces to y se cont ares sh o time	o you/m ou will act us o own in s request	ade ava be provin the nu Section:	ilable o ided. Yo ımber iı 1 to be quest w	n <u>www.</u> ou shoul ndicated credited vill rema	sharevious d read to d in the o d to the o in in for	hese Te Guidanc oversea ce until	rms and e Notes s bank i revoke	d Condit s. By sign nominat d in writ	ions ning ted in ting by
Signature 1							Signature 2										
Print Full Name							Print Full Name										
Signature 3							Signature 4										
Print Full Name							Print Full Name										
Today's Date If you are signing as a Power of Attorney						y or o	ther au	ıthority	then	please	print y	our ful	l 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 beneficiary 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 will not override any existing Scrip or Dividend Reinvestment Plan mandate which you must revoke in writing.

You should find the answer to any queries you have, as well as the full Terms and Conditions for the Service, online at www.shareview.co.uk/info/ops. However, if you would like to speak to someone then you can call us on +44 121 415 7047. Lines are open 8:30pm to 5:30pm (UK time), Monday to Friday (excluding English public holidays). A textphone service is also available on +44 121 415 7028. Alternatively you can write to us at the address below.

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

An Automated Clearing House (ACH) is an electronic network used by financial institutions to process transactions in batches. As the process is automated, institutions don't usually charge the beneficiary receiving the funds.

Wire Transfers are direct bank to bank transactions which are quicker than payments made via the local clearing house, but normally incur fees from the banks and/or their agents according to their policy.

Payments will be delivered in local domestic currency only (as indicated below):

COUNTRY	CURRENCY	PAYMENT METHOD
AUSTRALIA	AUD	ACH or WIRE

Please note: If the beneficiary bank is not a member of Real Time Gross Settlements (RTGS), converted payments will be forwarded via Post in the form of a Bank Cheque. This will delay delivery to your account.

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:

AUSTRALIAN BANK STATE BRANCH (BSB) CODE: 7 digits (NB: 4th digit is always hyphen)

ACCOUNT NUMBER: Up to 9 digits

Option B: Payments to be made as Wire Transfers

Please provide the following:

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 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.