Change of Address Form

Please complete in BLOCK CAPITALS using black ink.

Please DO NOT return your share certificate.

| Name of company in which shares are held | |
|--|-----------------|
| | |
| Shareholder reference number (CIN), if known | |
| | |
| Full names of all shareholders | |
| | |
| Previous address | |
| | |
| | |
| New address | |
| | |
| | |
| Telephone number (in case of queries) | |
| | |
| SIGNATURE(S) Please note that all holders must sign. | |
| Shareholder (1) | Shareholder (2) |
| Shareholder (3) | Shareholder (4) |
| Date D D W W V V V | |