

**Company in which Investment is Held**



**All Correspondence to:**

Computershare Investor Services (Pty) Ltd  
Reg No 2004/003647/07  
PO Box 61051 Marshalltown  
2107 South Africa  
Telephone: 0861 100 950  
+27 11 370 5000  
www.computershare.com

**Full Names of the registered shareholder:**

**Shareholder Identity Number (ID)**

**Shareholder Reference Number (SRN)**

**Direct Credit – Bank Account Details**

Please complete and return to **Computershare Investor Services (Pty) Ltd**

Use a **black pen**. Print in **CAPITAL** letters inside the boxes.

A B C

1 2 3

Please read the attached instructions on the reverse of this page carefully before completing this form.

**A Request for Direct Crediting of Payments**

**Name in which account is held: (eg. John Smith)**

**Account Number:**

**Branch Code: (eg. 250505)**

**Name of South African bank**

**Name of branch or suburb or town**

**Type of account** (eg. cheque, savings, etc.)



**DO NOT USE YOUR CREDIT CARD NUMBER**

If you are unsure of your account number or branch code, please check with your bank or building society.

**B Sign here – In order for your instructions to be executed, this section must be signed and accompanied by an original certified copy of your identity document as well as an original certified copy of your bank statement or request your bankers to complete the Bank Verification section on the back of this page (Block C).**

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions relating to payments to which I/we am/are entitled to be paid in cash, but do not override any previous Reinvestment Plan instructions.

**Individual or First-mentioned shareholder**

**Contact tel. number during working hours**

**Capacity:**

\_\_\_\_\_

*If you are signing this form in a representative capacity, please indicate in which capacity. Please enclose original certified proof of authorisation.*

*Note: when signed under a Power of Attorney, the attorney states that he/she has not received a notice of revocation. Computershare need to have sight of an original certified copy of the Power of Attorney.*

**Day      Month      Year**

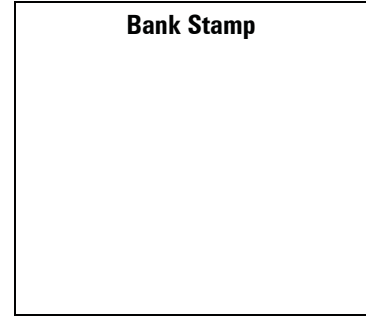


**C Bank Verification (Before returning this form, this section must be completed by your bank)**

**I / We confirm that the above information (Block A) on the client's account at this Bank.**

Signed on behalf of \_\_\_\_\_

**Bank Stamp**



## How to complete this form

**D Request for Direct Crediting of Payments**

This section must be completed in full if you wish your cash payments to be paid directly into your nominated **South African bank account**. Until cancelled in writing by you, all future cash payments will be paid into the nominated account.

IMPORTANT: DO NOT USE THE NUMBER QUOTED ON YOUR CREDIT CARD

If you do not complete this section or if this form is incomplete, unsigned or invalid in any other way, you will continue to receive your dividends by cheque posted to you at your own risk.

By signing this form you:

- Confirm that the details are true and correct.
- Agree that, in the event that we are unable to transfer the funds due to you electronically, a cheque will be issued and posted to you at your own risk.
- Understand and agree that any such deposit shall constitute a full and sufficient discharge of Computershare's obligations to make such payments to me/us.
- Understand and agree that neither the issuer nor Computershare shall be responsible in any way for any loss which you may suffer as a result of transfers/deposits being made in accordance with the information provided on this form.
- Understand and agree that this payment instruction will be applied to both dividends and share sale proceeds.

This instruction only applies to the specific holding identified by the SRN and the name appearing on the front of this form.

**NOTE: We will not accept banking details in the name of a third party.**