

CAPITA

Name:

Address:

Investor Code:

Dividend Reinvestment Plan Application form

If you wish to participate in the Dividend Reinvestment Plan please complete, sign and send this form to: **Dividend Reinvestment Plans, Capita IRG Trustees Limited, The Registry, 34 Beckenham Road, Beckenham, Kent, BR3 4TU, England.** Application forms received later than 25 days prior to a dividend payment date will be effective from the following dividend payment date.

To: Capita IRG Trustees Limited (the "Plan Provider")

1. I/We, the undersigned, being the registered holder(s) of ordinary shares in Compass Group PLC (the "Company") elect to participate in the Dividend Reinvestment Plan for dividends paid on all of my/our holding(s) of ordinary shares in the Company from time to time in accordance with the Terms and Conditions of the Dividend Reinvestment Plan ("Terms and Conditions"). I/We hereby appoint the Plan Provider as my/our attorney to instruct the Company in my/our behalf to pay all such dividend to the Plan Provider.
2. I/We have read and agree to the Terms and Conditions. I/We acknowledge that this application form together with the Terms and Conditions form a legally binding agreement between the Plan Provider and me/us.
3. I/We appoint the Plan Provider (or any successor provider of the Dividend Reinvestment Plan as may be appointed from time to time) as my/our agent to arrange the purchase of ordinary shares in the Company in accordance with the Terms and Conditions. I/We agree that share certificates will be sent at my/our risk by post, or that my/our CREST account will be credited in respect of any ordinary shares in the Company purchased on my/our behalf pursuant to this application. This application will remain in force until written notice is received by the Plan Provider in accordance with the Terms and Conditions.

Signature:

Date:

If you are a CREST participant, please state your Participant I.D.:

Daytime Telephone Number:

For all other joint holders:

Name:

Signature:

Name:

Signature:

Name:

Signature:

All joint holders must sign this application form. In the case of a company this form must be executed in accordance with Section 44 of the Companies Act 2006 or signed on its behalf by a duly authorised officer or agent. If your personal details printed above are not correct, please amend them where necessary and sign and return this form to the Plan Provider.

If you have any questions please contact the Plan Provider by telephone within the UK: Freephone **0800 280 2545** and from overseas **+(44) 20 7763 0041**, or by e-mail to shares@capitaregistrars.com. Capita IRG Trustees Limited is authorised and regulated by the Financial Services Authority ("FSA") and entered on the FSA Register with registration number 184113.

Use of information for marketing: Capita IRG Trustees Limited may share your information with other companies in the Capita group so that you may be told about the Capita group's products or services which might be of interest to you. Please tick if you wish to be contacted for marketing purposes by post, telephone, fax, SMS, email or other electronic means:

Please note that if you tick the box above but decide later that you do not want to receive any further information, please write to the Plan Provider quoting your name and address, the Company name and your Investor Code.

The Registry 34 Beckenham Road, Beckenham, BR3 4TU
Tel 0800 280 2545 www.capitaregistrars.com
Capita IRG Trustees Ltd

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