

REQUEST FOR PAYMENT OF INTEREST OR DIVIDENDS

PLEASE COMPLETE IN BLOCK CAPITALS WITH EITHER BLUE OR BLACK INK
SEE GUIDANCE NOTES OVERLEAF



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Name of company in which shares are held

COMPASS GROUP PLC

Investor code (e.g. 00000099999)

This can be found on your share certificate or tax voucher.

1 Full name and address of the first named holder

Where shares are in the name of a deceased holder, instructions signed by the Executor(s) or Administrator(s) should indicate the name of the deceased.

First Named Holder

Address

Account Designation (if any)

Maximum of 8 digits

Postcode

Daytime Telephone number (in the event of a query)

2 Full name(s) of other holders (including deceased if applicable)

Second Named Holder

Third Named Holder

Fourth Named Holder

Name of deceased (if applicable)

3 Signatures of shareholder(s)

The registrar reserves the right to require additional confirmation of the signature(s).

First Named Holder

Second Named Holder

Third Named Holder

Fourth Named Holder

In the case of corporate bodies, signatories should state their representative capacity (e.g. director).

4 Name and address of bank, building society or person

Please pay future interest or dividends for the above company directly to the following or to any other bank/building society which that organisation may instruct.

Name of institution/person you wish to pay your dividends to

Account Name

Address

Branch Sort Code

Account Number

Building Society reference/roll number (if applicable)

Postcode

5 Stamp of bank or building society

If the holder is a corporate body the stamp of the bank or building society is required. For personal shareholders the stamp is required where payment is being made other than to the sole or first-named holder. The branch stamp is required, to confirm that the signature(s) in box 3 is that of the shareholder(s) and/or authorised signatory.

Note:

Payment in accordance with these instructions discharges the company and registrar from any further liability.

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REQUEST FOR PAYMENT OF INTEREST OR DIVIDENDS GUIDANCE NOTES

1 Full name and address of the first named holder

Clearly print your name and address as it appears on your share certificate, tax voucher or other documentation from the company.

If you leave this box blank the form will have to be rejected.

Account Designation (if any)

Enter the designation you have given your a/c or leave blank

2 Full name(s) of other holders (including deceased if applicable)

If your shares are held jointly, state the second and any subsequent names as they appear on your share certificate, tax voucher or any other documentation from the company. If you are a sole holder, leave this section blank.

3 Signatures of shareholder(s)

You must sign and date the form. If you are signing on behalf of someone else using a Power of Attorney for example you must ensure that the Registrar has seen and noted your authority in its records.

OR

When completed on behalf of a corporate body each signatory should state the representative capacity i.e. company secretary, director.

4 Name and address of bank, building society or person

Clearly print the name of the institution or person you wish to pay your dividends to.

If you are paying dividends into a bank account for example you should write the address of the branch where the account is held.

5 Stamp of bank or building society

If the holder is a corporate body the stamp of the bank or building society is required. For personal shareholders the stamp is required where payment is being made other than to the sole/first named holder. The branch stamp is required to confirm that the signature(s) in box 3 is that of the shareholder(s) and/or authorised signatory.

Please send this form when completed to:

Capita Registrars
The Registry
34 Beckenham Road
Beckenham
Kent
BR3 4TU