



Power of Attorney Authorisation

If there are more than two Attorneys, please complete a separate form. To comply with Anti-Money Laundering regulations the Attorney(s) should provide **two original forms of identification** as detailed on the enclosed sheet, together with the original or a certified copy of the Power of Attorney. Your documents will be returned once the account has been updated.

Section 1: Customer details

| | | | | | | | | | | | | | | | | |
|-------------------------------|----------------------|---------|----------------------|----------------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Title | <input type="text"/> | Surname | <input type="text"/> | Customer reference | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | |
| Forename(s) | <input type="text"/> | | | Date of birth | <input type="text"/> | | | | | | | | | | | |
| Nationality (all) | <input type="text"/> | | | National Client Identifier | <input type="text"/> | | | | | | | | | | | |
| Permanent residential address | <input type="text"/> | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | Post code | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Please note, if the customer is now living in a care/nursing home we will require an invoice or confirmation letter from the home confirming residency.

Section 2: First Attorney details

| | | | | | | | | | | | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Title | <input type="text"/> | Surname | <input type="text"/> | Customer reference | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | |
| Forename(s) | <input type="text"/> | | | Place of birth: Town | <input type="text"/> | | | | | | | | | | | |
| Date of birth | <input type="text"/> | Nationality (all) | <input type="text"/> | Country | <input type="text"/> | | | | | | | | | | | |
| National Client Identifier | <input type="text"/> | | | | | | | | | | | | | | | |
| Phone | <input type="text"/> | | | Mobile | <input type="text"/> | | | | | | | | | | | |
| Email | <input type="text"/> | | | | | | | | | | | | | | | |
| Permanent residential address | <input type="text"/> | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | Post code | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Time at address | <input type="text"/> | <input type="text"/> | years | <input type="text"/> | <input type="text"/> | months | | | | | | | | | | |
| Previous address (if less than 3 years at current address) | <input type="text"/> | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | Post code | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

Section 3: Second Attorney details (if applicable)

| | | | | | | | | | | | | | | | | |
|--|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Title | <input type="text"/> | Surname | <input type="text"/> | Customer reference | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | | | | | |
| Forename(s) | <input type="text"/> | | | Place of birth: Town | <input type="text"/> | | | | | | | | | | | |
| Date of birth | <input type="text"/> | Nationality (all) | <input type="text"/> | Country | <input type="text"/> | | | | | | | | | | | |
| National Client Identifier | <input type="text"/> | | | | | | | | | | | | | | | |
| Phone | <input type="text"/> | | | Mobile | <input type="text"/> | | | | | | | | | | | |
| Email | <input type="text"/> | | | | | | | | | | | | | | | |
| Permanent residential address | <input type="text"/> | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | Post code | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| Time at address | <input type="text"/> | <input type="text"/> | years | <input type="text"/> | <input type="text"/> | months | | | | | | | | | | |
| Previous address (if less than 3 years at current address) | <input type="text"/> | | | | | | | | | | | | | | | |
| | <input type="text"/> | | | | | | | | Post code | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |

continued overleaf

Section 4: Power of Attorney

I/we confirm (tick one) to act jointly (all signatures required)
 to act severally (one signature required)

Please provide a brief reason for issue of Power of Attorney

Section 5: Authorisation by Attorneys

I/We hereby authorise The Share Centre

To act upon instructions given by me/us as Attorney(s) for the person named overleaf. Such instructions will apply to all existing and any future accounts under the donor's customer reference. I/we remain liable for valid instructions given to The Share Centre Limited by any duly authorised Attorney. I/We accept that all account holders are either jointly or severally liable. Should this authority be revoked, I/we will instruct The Share Centre Limited in writing and provide the deed of Revocation to The Share Centre Limited. This Power of Attorney will not be revoked until I/we receive confirmation from The Share Centre Limited to this effect.

Signature(s)

First Attorney

Second Attorney

Date

post Computershare Brokerage Services c/o The Share Centre PO Box 2000 Aylesbury Bucks HP21 8ZB
phone 0370 707 1606 **email** enquiries@computershare.trade **web** www.computershare.trade

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Nationality and National Client Identifier (NCI) help sheet

Please use this Help Sheet to complete your Nationality and National Client Identifier. For Dual Nationalities, please select them in the order they appear in the table below.

| | | | |
|--------------------------------|---|---|--------|
| Austria | No NCI | | |
| Belgium | Belgian National Number (Numéro de registre national - Rijksregisternummer) | No NCI | |
| Bulgaria | Bulgarian Personal Number | No NCI | |
| Cyprus | National Passport Number | No NCI | |
| Czech Republic | National identification number (Rodné číslo) | Passport Number | No NCI |
| Germany | No NCI | | |
| Denmark | Personal identity code 10 digits alphanumeric: DDMMYYXXXX | No NCI | |
| Estonia | Estonian Personal Identification Code (Isikukood) | | |
| Spain | Tax identification number (Código de identificación fiscal) | | |
| Finland | Personal identity code | No NCI | |
| France | No NCI | | |
| Great Britain / United Kingdom | UK National Insurance Number | No NCI | |
| Greece | 10 DSS digit investor share | No NCI | |
| Croatia | Personal Identification Number (OIB - Osobni identifikacijski broj) | No NCI | |
| Hungary | No NCI | | |
| Ireland | No NCI | | |
| Iceland | Personal Identity Code (Kennitala) | | |
| Italy | Fiscal code (Codice fiscale) | | |
| Liechtenstein | National Passport Number | National Identity Card Number | No NCI |
| Lithuania | Personal code (Asmens kodas) | National Passport Number | No NCI |
| Luxembourg | No NCI | | |
| Latvia | Personal code (Personas kods) | No NCI | |
| Malta | National Identification Number | National Passport Number | |
| Netherlands | National Passport Number | National Identity Card Number | No NCI |
| Norway | 11 digit personal id (Foedselsnummer) | No NCI | |
| Poland | National Identification Number (PESEL) | Tax Number (Numer identyfikacji podatkowej) | |
| Portugal | Tax Number (Número de identificação fiscal) | National Passport Number | No NCI |
| Romania | National Identification Number (Cod Numeric Personal) | National Passport Number | No NCI |
| Sweden | Personal Identity Number | No NCI | |
| Slovenia | Personal Identification Number (EMSO: Enotna Maticna Številka Občana) | No NCI | |
| Slovakia | Personal Number (Rodné číslo) | National Passport Number | No NCI |
| All other countries | National Passport Number | No NCI | |

MiFID II FAQs

What does it mean for customers?

The following questions might help:

What is MiFID II?

MiFID II stands for 'The Markets in Financial Instruments Directive 2', which is new legislation that comes into force on 3 January 2018. MiFID II is coming in to effect to increase investor protection and increase how transparent financial markets are.

What does this mean for me?

Under the new MiFID II legislation, organisations are required to confirm their customer's nationality and national client identifier (NCI) by 3 January 2018. This is to enable firms to accurately report deals completed to their local regulator which for us is the Financial Conduct Authority.

What do I do if I act on behalf of someone else?

If you act on behalf of another customer, such as a Power of Attorney/ third party mandate, or a registered contact for minors, we will need to collect your NCI as the decision maker on the account, as well as the underlying account owner.

Why will I need to confirm this information?

This information is required to ensure the FCA can monitor dealing patterns and identify any market abuse. Using the NCI will ensure this reporting is consistent across all investing platforms and stockbrokers. Therefore where this data is outstanding, customers will need to provide their NCI, prior to 3 January 2018, to be able to continue dealing in their account as normal. If customers do not provide this information where necessary, it will prevent trading or delay any investments until this information is in place.

Please note: that this is an activity that will be commencing across the industry with all stockbrokers and investment platforms to comply with this new legislation and therefore, customers may find they are required to complete this with multiple brokers, where applicable.

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phone 0370 707 1606 – Trading Account or Trading ISA

phone 0370 703 0084 – Certificated or Corporate Nominee Dealing Service

email enquiries@computershare.trade **web** www.computershare.trade

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