

Bv.2

This form must be completed in BLOCK CAPITALS and in black ink.
 If you are not entering information in any of the fields please leave them blank and do not cross them through.
 Please note that this instruction is specific to the holding shown below.

+ Payments Direct To Your Bank or Building Society Account +

Company Name	Company Code	Shareholder Reference																				
Barclays PLC	2674 /	<table style="width: 100%; border-collapse: collapse;"> <tr> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> <td style="border: 1px solid black; width: 20px; height: 20px;"></td> </tr> </table>																				

Your Full Name

Step 1 ➡

Please provide details of your bank or building society account

Sort code

Account number

+

Building society reference or roll number (if applicable)

(Please check with your Building Society if unsure of this reference)

Step 2 ➡

Please read then sign and date below

Please forward until further notice, all dividends or interest that may from time to time become payable to me/us in respect of any Shares or Stock held, to the above nominated bank or building society, or to such other branch of the organisation as the bank or building society may from time to time request. Compliance with this request will discharge the Company's liability in respect of such dividends or other monies.

This instruction will not override any existing SCRIP dividend mandate or Dividend Reinvestment Plan mandate. If you wish to revoke any existing SCRIP dividend mandate or Dividend Reinvestment Plan mandate you must do so in writing.

All registered holders must sign to confirm this instruction

Your signature(s)

Signature 1	Signature 2 (if applicable)
Signature 3 (if applicable)	Signature 4 (if applicable)

+

Today's date / /

Step 3 ➡

If signing as a Power of Attorney or other authority please print your full name here

2674-047-4

Step 4 ➡

Please return this form to Equiniti at the address above.