



Notes for completion of this Equity Transfer Authority

- Share/EPIC Code:** This is the standard share trading code as registered on the London Stock Exchange
- Name of Share:** This is the full name of the share as registered on the London Stock Exchange. Please include security type and denomination.
- Registered name of holding:** The full name of the holder as listed at the Share Registry and shown on the Contract Note(s).
- Number of Shares:** The number of shares you are transferring to your Novia Stockbroker Account.
- Additional documents required:**
- Certificated:** If the shareholding being transferred is certificated, we will require the original certificate(s) and completed attached CREST transfer form.
- CREST:** If the share being transferred is registered on CREST, please provide a recent statement showing all details of the shareholding you wish to transfer.
- Broker:** If the share being transferred is held with a broker, a nominee or direct with registrars, please ensure you also provide us with full account and contact details.

Novia Stockbroker Account application (please complete if a Stockbroker Account is required)

Either you or your Adviser can have dealing rights on this Product Wrapper. The remaining party(ies) will be able to view transactions and Stockbroker events on this Product Wrapper.

Please indicate if it is the Adviser or applicant(s) requesting dealing rights for the account.

Applicant(s) or Adviser

If Adviser:

Name of applicant's representative who will access the account:

Adviser email address

Please note: where you choose to have different levels of access for the account on different Product Wrappers, you will be given 2 different Novia Stockbroker Account usernames and passwords. One for the Product Wrappers with view only rights and one for the product wrappers where you choose to have dealing rights.

Equity Transfer Authority (please complete one authority for each Broker)

Registered name of holding

Registered address

House number/name

County

Street name

Country

District

Postcode

Town/City

Please provide any previous addresses which are still registered against any investments you are transferring in this application.

Previous address 1

House number/name

Street name

District

Town/City

County

Postcode

Previous address 2

House number/name

Street name

District

Town/City

County

Postcode

Investor details

Registered holder 1

Mr
 Miss
 Mrs
 Other
 Male
 Female

Surname Date of birth

Forename(s) National Insurance Number (if known)

Registered holder 2

Mr
 Miss
 Mrs
 Other
 Males
 Female

Surname Date of birth

Forename(s) National Insurance Number (if known)

Registered holder 3

Mr
 Miss
 Mrs
 Other
 Male
 Female

Surname Date of birth

Forename(s) National Insurance Number (if known)

Registered holder 4

Mr
 Miss
 Mrs
 Other
 Male
 Female

Surname Date of birth

Forename(s) National Insurance Number (if known)

Equity Transfer Authority (please complete one authority for each Broker)

Name and address of existing Broker

Broker name

Building number/name County

Street name Country

District Postcode

Town/City

Account number registered with the Broker

Shares to be transferred

Please use this section to supply the details of the shareholding that you wish to transfer into your Novia Stockbroker Account. You may transfer any shares listed on the London Stock Exchange. Please refer to the notes on page 1 for more details.

Share/EPIC code	Name of Share (full details including security type and denomination)	Name of registered holder	Number of shares	Certified <i>Please Tick</i>	Crest <i>Please Tick</i>

Please complete the attached CREST Transfer Form where appropriate.

Equity Transfer Authority *continued*

Please transfer outstanding cash to Novia as part of this equity transfer

I/We authorise the Broker shown on this Authority to provide Novia Financial plc with any information it may require, and to transfer the assets detailed above to the Stockbroker with immediate effect.

I/We authorise Novia Financial plc to submit this transfer authority to the Broker detailed in this Authority and for the Broker to execute the transfer with immediate effect.

I/We confirm that the transfer of the assets below will not affect any change of beneficial owners from or among the existing holders and is not for consideration in money or moneys worth.

Power of Attorney authorisation

I/We hereby appoint Novia Financial plc as my/our attorney in respect of this transfer. As such, I/we authorise my/our attorney to do on my/our behalf, all things necessary to transfer ownership of the asset(s) listed on this form into the name of its nominee, Novia (Net) Nominee Limited. I/We confirm that where I/we grant this power in my/our capacity as trustee this power shall, in accordance with Section 25(5) of the Trustee Act 1925, only remain valid for a period of 12 months from the date of this deed.

Account details

Account Number registered with the Broker

Registered holder 1

Name (please print) Signature
Date

Witness signature is only required where you are granting Power of Attorney authorisation

Witness Name (please print) Signature
Date

House number/name County
Street name Country
District Postcode
Town/City

Registered holder 2

Name (please print) Signature
Date

Witness signature is only required where you are granting Power of Attorney authorisation

Witness Name (please print) Signature
Date

House number/name County
Street name Country
District Postcode
Town/City

Registered holder 3

Name (please print) Signature
Date

Witness signature is only required where you are granting Power of Attorney authorisation

Witness Name (please print) Signature
Date

Equity Transfer Authority *continued*

Registered holder 3 *continued*

House number/name	<input type="text"/>	County	<input type="text"/>
Street name	<input type="text"/>	Country	<input type="text"/>
District	<input type="text"/>	Postcode	<input type="text"/>
Town/City	<input type="text"/>		

Registered holder 4

Name (please print)	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text" value="DD/MM/YY"/>		

Witness signature is only required where you are granting Power of Attorney authorisation

Witness Name (please print)	<input type="text"/>	Signature	<input type="text"/>
Date	<input type="text" value="DD/MM/YY"/>		
House number/name	<input type="text"/>	County	<input type="text"/>
Street name	<input type="text"/>	Country	<input type="text"/>
District	<input type="text"/>	Postcode	<input type="text"/>
Town/City	<input type="text"/>		

**CREST
TRANSFER**

Above this line for Registrar's use

Counter Location Stamp	Barcode or Reference SDRN
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Above this line for completion by the depositing system-user only.

Name of Undertaking.

Description of Security

Please complete form in type or in block capitals.

Name(s) of registered holder(s) should be given in full: the address should be given where there is only holder.

If the transfer is not made by the registered holder(s) insert also the name(s) and capacity (e.g. executor(s) of the person(s) making the transfer

Please Sign Here →

Full name(s) of the person(s) to whom the security is transferred

Such person(s) must be a system member.

Reference to the Registrar in this form means the registrar of registration agent of the undertaking, not the Registrar of Companies at Companies House.

Consideration Money	Certificate(s) lodged with Registrar (To be completed by Registrar)
Name of Undertaking.	
Description of Security	
Amount of shares or other security in words	Figures
In the name(s) of	Designation (if any)
	Balance certificate(s) required
I/We hereby transfer the above security out of the name(s) aforesaid into the name(s) of the system-member set out below and request that the necessary entries be made in the undertaking's own register of members. Signature(s) of transferor(s) 1. 2. 3. 4. A body corporate should execute this transfer under its common seal or otherwise in accordance with applicable statutory requirements.	Stamp of depositing system-user Date

	Participant ID
	Member Account ID

CRESTCo Limited is delivering this transfer at the direction and on behalf of the depositing system-user whose stamp appears herein and does not in any manner or to any extent warrant or represent the validity, genuineness or correctness of the transfer instructions contained herein or the genuineness of the signature(s) of the transferor(s). The depositing system-user by delivering this transfer to CRESTCo Limited authorises CRESTCo Limited to deliver this transfer to registration and agrees to be deemed for all purposes to be the person(s) actually so delivering this transfer for registration.

This form should be used only for a transfer of a certificated unit of a security to a CREST member to be held by a CREST member in uncertificated form. It should not be used for conversion of a unit held by a CREST member into uncertificated form.

The CREST rules requires that this form be used for the transfer of a unit of a certificated security to a CREST member to be held by that member in uncertificated form. Any such transfer on this form is exempt from stamp duty.