

Share Purchase Plan (SPP)

Application Form

Personal Data

Full Name _____

Employee ID number _____

Address _____

_____ State _____ Post Code _____

Telephone Home _____ Work _____

Mobile _____ E-mail _____

Participation

Yes, I want to participate in the Share Purchase Plan with effect from:

May 1 20____

November 1 20____

Savings amount

I authorise my employer to withhold monies from my monthly net* salary (after tax) to the value stated below. Please commence this from the effective date outlined above.

A fixed amount per month of \$ _____ (not exceeding 5% of annual Gross Base Salary)

I understand that during the savings period the amount saved cannot be changed.

Sign and agree

By signing this application form I agree until further notice with the following conditions:

- *I confirm I have read and understood the Share Purchase Plan brochure and associated SPP Tax and Legislation Issues (Specific to your country).*
- I authorise my employer to administer my personal information for participation in this plan, to withhold the net amount from my net salary for saving purposes and to execute the share purchases and administration with respect to the Plan.
- I authorise my employer to recalculate the above amount per saving period and to check this amount with the maximum allowed. The withholding of the saving amount will be arranged until further notice.
- I agree that unless I advise you through the amendment form, Shares will be purchased at the end of the savings period (April 30 or October 31) automatically on my behalf.
- I understand that the Shares cannot be transferred to a private stock account.
- I understand there is a risk Shares will decrease in value, and exchange rates may vary.
- All shares are based in Euro's (€).

I authorize each of the SRO foundation, Randstad Holdings NV, the Administrator and their affiliates or subsidiaries, directors, officers, employees and the agents to use and to disclose to third parties, all of my information (confidential or otherwise), provided that such use and disclosure is in connection with the administration of the Share Purchase Plan.

Signature _____ Date _____

The form must be sent to Irene Ang/Kyle Kang Chen, prior to the savings period commencing May 1 / Nov 1.

** Singapore – Gross Salary*