

Personal Data

Name and initials _____

Address _____

_____ Post Code _____

Employee number _____

Telephone Home _____ Randstad _____

Participation

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

- May 1 20__
- November 1 20__
- Different, as from 1 _____ (in case of new employment only)

Savings amount

I authorise my employer to withhold monthly from my net salary from start date as above.

A fixed amount per month of £ _____ (not exceeding 5% of Gross 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 agree with the conditions of the Master Share Purchase Plan Corporate Employees and the attached local addenda.
- I authorize 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 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.

Signature _____

Date _____

The form must be sent to The Corporate Payroll Department, Head Office prior to the 10th of the month in which you wish your savings period to commence.