

Share Purchase Plan (SPP)

Amendment Form

Personal Data

Name and initials _____
Address _____
_____ Post Code _____
Employee number _____
Telephone Home _____ Randstad _____

Savings amount

I authorise my employer to amend the savings amount withheld monthly from my net salary to be effective from the commencement of the next savings period.

A fixed amount per month of £ _____ (not exceeding 5% of Gross Salary)

Termination

I wish to end my participation with effect from April 30 20__ . / October 31 20__. (please indicate your option).

Not buying shares

After the savings period ending April 30 20__ / October 31 20__ I do not want to buy the Randstad Holding shares. (please indicate your option)

I note that the savings plus interest will be automatically refunded following completion of the savings period through the next available Payroll.

Sign and agree

Signature _____

Date _____

The form must be sent to your HR/Payroll Department, prior to the end of the current savings period.