

**Share Purchase Plan (SPP)**

**Amendment Form**

**Personal Data**

Full Name \_\_\_\_\_

Employee ID number \_\_\_\_\_

Address \_\_\_\_\_

\_\_\_\_\_ State \_\_\_\_\_ Post Code \_\_\_\_\_

Telephone Home \_\_\_\_\_ Work \_\_\_\_\_

Mobile \_\_\_\_\_ E-mail \_\_\_\_\_

**1. Savings Amount Adjustment**

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, 1 May \_\_\_\_\_ or 1 Nov \_\_\_\_\_ (*please complete one*).

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.

**2. Termination / Adjustments (please tick the option below that applies to you)**

A)  **Terminate saving period and NOT buying shares**

I wish to end my participation with effect from April 30 \_\_\_\_\_ / October 31 \_\_\_\_\_ (*please circle your option*) and **I do not wish** to buy the Randstad Holding shares.

I note that the savings plus interest\* will be refunded to me in the month following the completion of the savings period. All monies will be credited directly into my payroll nominated bank account.

B)  **Terminate saving period **BUT** buying shares**

I wish to end my savings period participation with effect from April 30 \_\_\_\_\_ / October 31 \_\_\_\_\_ (*please circle your option*) however **I wish to buy** the Randstad Holding shares.

C)  **NOT buying shares therefore obtain REFUND for previous saving period **HOWEVER** start new savings periods as per previous monthly amount or new amount stated in section 1 of this form.**

**I do not wish** to not buy the Randstad Holding shares at the end of the saving period April 30 \_\_\_\_\_ / October 31 \_\_\_\_\_ (*please circle your option*) therefore agree to obtain a refund. However I do wish to start the new saving period 1 May \_\_\_\_\_ / 1 Nov \_\_\_\_\_ (*please circle*

*your option*) as per my previous monthly contribution amount unless I have stated otherwise in Section 1 of this form.

<sup>2</sup>

I note that the savings plus interest\* will be refunded to me in the month following the completion of the savings period. All monies will be credited directly into my payroll nominated bank account.

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### **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 understand that if my gross base salary used to calculate the savings amount is altered in any way, the fixed amount per month indicated above will continue to be saved during the savings period. If this results in saving more than the maximum allowed during the savings period, the additional savings will be returned to my nominated bank account at the end of the savings period.
- 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 authorise 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 Carissa Koh via e-mail at [carissa.koh@com.sg](mailto:carissa.koh@com.sg) prior to the stipulated date on the email.**

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<sup>1</sup>

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