

Debit order



We would ask you to send this fully completed and duly signed form by **fax or post** to the address specified at the bottom of page 2.

Account holder

Surname:

First name:

Street, No:

Postcode, city, country:

Phone
Home:

Work:

Instruction

I/we instruct Zurich Financial Services Ltd to debit my/our securities account number **0032.** **.D1**

registered shares **ISIN: CH0011075394 (CUSIP: H9870Y105; SEDOL: 5983816)**
and to transfer these registered shares to the recipient.

Sender

SIX SAG Ltd, CH-4601 Olten, Switzerland Telephone: +41 (0)58 399 61 45

SIX SIS Client Accounts, CH-4601 Olten, Switzerland. SIX SIS participant number (SECOM ID): CH.102.990

You will receive all of the information below from your bank or custodian.

Recipient

Contact person:

Telephone:

Bank/custodian
(company name):

Postcode, city, country:

SIX SIS participant
number (SECOM ID):

CH.

Account number:

Account held in the
name of:

Processing data

(This form must be received by the company at least 5 working days before the transfer date stated below.)

Trade date = transfer date (settlement date), (dd/mm/yyyy):

Transfer bank:

(Please only complete if the recipient does not have a SIX SIS participant number (SECOM ID).)

Contact person:	<input type="text"/>	Telephone:	<input type="text"/>
Transfer bank (company name):	<input type="text"/>		
Postcode, city, country:	<input type="text"/>		
SIX SIS participant number (SECOM ID):	CH.	<input type="text"/>	

The transfer bank must have access to the SIX SIS giro system SECOM.

Account number of the recipient at the transfer bank:	<input type="text"/>
Account held in the name of:	<input type="text"/>
<input type="text"/>	<input type="text"/>

Place, date

Signature (account holder or attorney-in-fact)