

**THIS DOCUMENT IS IMPORTANT AND REQUIRES YOUR IMMEDIATE ATTENTION.** If you are in any doubt as to what action you should take you should immediately consult your accountant, solicitor, bank manager, stockbroker or an appropriate independent financial adviser authorised under the Financial Services Markets Act 2000 or, if you are not in the United Kingdom, another appropriately authorised independent adviser. This Scrip Mandate Form is not transferable.

## **Primary Health Properties PLC SCRIP MANDATE FORM**

Account No:

**If you wish to participate in the Scheme please sign and return this form, in the envelope provided, to Equiniti at Aspect House, Spencer Road, Lancing, West Sussex BN99 6DA.**

To be effective in respect of a particular dividend your Scrip Dividend Mandate Form must be received by Equiniti no later than 5.00 p.m. on the date advised by the Company for that particular dividend.

**If you wish to continue to receive your dividends in cash or you hold your ordinary shares in uncertificated form (in CREST), you should NOT complete or return this Scrip Mandate Form. Forms received in respect of an uncertificated account will not be accepted and will be rejected.**

Unless cancelled, this mandate will apply to all future dividends in respect of which a scrip dividend alternative is offered by the Directors in respect of your entire shareholding. This mandate may be cancelled by you at any time by writing to Equiniti at the above address in accordance with the terms and conditions of the Scheme.

### **To the Directors of Primary Health Properties PLC**

I/We the undersigned, being the registered holder(s) of ordinary shares in the Company, confirm that I/we have read and understood the terms and conditions of the Scheme. I/We hereby elect to receive an allotment of New Shares instead of cash, in respect of any future dividend for which a scrip dividend is offered, for my/our maximum entitlement, subject to and in accordance with the Articles of Association of the Company and the terms and conditions of the Scheme as modified from time to time.

By signing this mandate form I/we confirm that I/we am/are not prohibited from receiving or electing to receive scrip dividends in accordance with the terms and conditions of the Scheme and the regulatory and legal requirements of any applicable overseas jurisdiction.

I/We hereby authorise you to make payment of or to retain any cash balances to be carried forward under the Scheme in accordance with the terms and conditions of the Scheme. This mandate will apply for all future dividends that are paid by the Company on all the ordinary shares registered in my/our name(s), until this mandate is revoked by me/us by notice in writing to Equiniti.

I/We authorise you to send me/us by post, at my/our own risk, a share certificate in respect of New Shares allotted and issued to me/us under the Scheme.

Signature: Holder 1\*

Signature: Holder 2

Signature: Holder 3

Signature: Holder 4

Date

Daytime telephone no.

Email address

\* If you hold your Primary Health Properties PLC ordinary shares jointly with others then you must arrange for all joint holders to sign this Scrip Mandate Form. In the case of a corporation, this form should be executed under its common seal or be signed by a duly authorised official whose capacity must be stated.