

CLIENT HEADED PAPER

Lloyds Bank Corporate Markets plc
Audit Team
PO Box 1000
Edinburgh
BX2 1LB

[Insert full legal entity name(s)]

I/We authorise and instruct Lloyds Bank Corporate Markets plc including all branches and subsidiaries, to provide any information requested from time to time by *[insert Auditors Name]* Until this authority is withdrawn by me/us in writing.

Signed

Signed.....

Print Name.....

Print Name.....

[Authority signed in accordance to mandate Resolution 5(e) or Board Resolution]