

## SHAREHOLDER INFORMATION FORM

This form must be completed in **BLOCK CAPITALS** and **IN FULL** to verify the Shareholder's identity. Please note that this instruction is specific to the holding shown below.

|                                       |                                  |
|---------------------------------------|----------------------------------|
|                                       |                                  |
| Shareholder Reference:<br>(Holder ID) |                                  |
| Full Name of Shareholder(s):          |                                  |
| Address:                              |                                  |
|                                       | Circle BERMUDIAN / NON-BERMUDIAN |
| Telephone:                            | (H)                      (W)     |
|                                       | (C)                              |
| Email:                                |                                  |
| Tax Residency:                        |                                  |
| Tax identification numbers:           |                                  |
| Date of birth:                        |                                  |
| DIRECT DEPOSIT – DIVIDEND DETAILS     |                                  |
| Name of Bank:                         |                                  |
| Bank Account Number:                  |                                  |
| Type of Account:                      |                                  |

Please forward until further notice, all dividends or interest that may from time to time become payable to me/us in respect of any shares held, to the above nominated bank. Compliance with this request will discharge the Company's liability in respect of such dividends.

This instruction will not override any existing Dividend Reinvestment Plan mandate. If you wish to revoke an existing Dividend Reinvestment Plan mandate you must do so in writing.

|               |  |
|---------------|--|
| Signature(s): |  |
|               |  |
| Date:         |  |

Signature of Registrar: \_\_\_\_\_ Date of Amendment: \_\_\_\_\_

Please email this completed form to **shareholder@somers.limited** or deliver to the address below.

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### Somers Limited

Registered Office: 34 Bermudiana Road,  
Hamilton HM 11, Bermuda

Tel: +1 (441) 299 2897