



CASTOR INTERNATIONAL

VINCI SHARE INCENTIVE PLAN

Fill in the details below in BLOCK CAPITALS. It is important that before signing you carefully read the CASTOR INTERNATIONAL 2024 brochure and the Terms and Conditions accompanying this agreement

This agreement is between:

The Participant (you)

Full name

Post Code

Home address

National Insurance Number

Account Number (as shown on your invitation letter)

The Company

VINCI S.A.
1973 bd de la Défense
92000 Nanterre
France

The Company

Equiniti Share Plan Trustees Limited
Aspect House
Spencer Road
Lancing
West Sussex
BN99 6DA

This agreement sets out the terms on which you agree to participate and acquire Partnership with Matching Shares subject to the terms and conditions and rules of the Plan. One Matching Share will be awarded for each Partnership Share purchased using deductions from your pay up to a limit of £1,500. No Matching Shares will be awarded for Partnership Share purchases from £1,500 to £1,800. To participate in the Plan this agreement must be completed and returned to Equiniti Limited, whose address is given below. The definitions in the Plan Rules apply to this agreement. If there is any conflict between a) this agreement and its accompanying terms and conditions and b) the Trust Deed and Rules of the Plan, the Trust Deed and Rules will prevail.

April to October 2024

For the 7 months from April to October 2024 you may invest up to £1,800 (or 10% of your gross pay for the tax year beginning 6 April 2024 if lower). If you decide to spread the payments equally over 7 months you would need to invest £257.14 per month (£60 per week) if you wanted to invest the maximum amount. If you wish to invest over a shorter period enter the amount you wish to be deducted from your pay until £1,800 is reached. **The subscription period opens on 1 March and closes on 30 September 2024.**

You may change the amount at any time by contacting the Plan Administrator, Equiniti Limited.

I agree to my employer deducting the following amounts from my pay.

PLEASE CHOOSE OPTION 1 OR 2 AND COMPLETE ONE BOX ONLY.



OPTION 1.

If you would like a weekly or monthly deduction from your pay, complete Box 1 (if monthly paid) or Box 2 (if weekly paid).

I accept that the following amount will be deducted from my pay for the period April to October 2024 (up to a maximum of £1,800).

Box 1

Per month (£)

Box 2

Per week (£)

(The amount should not be less than £10 per deduction and not exceed 10% of your gross pay for the tax year beginning 6 April 2024).

OPTION 2.

If you would like a single lump sum deduction taken from your pay, enter the amount you would like deducted in the box below.

I accept that the following amount will be deducted from my next available pay (the earliest deduction possible is April 2024).

Lump Sum (£)

(The amount should not be more than £1,800 or exceed 10% of your gross pay for the tax year beginning 6 April 2024. This amount will be deducted from your pay as a one-off deduction in the next available pay period).

I have read and agree to be bound by the Terms and Conditions and the Rules of the Plan

Signature:

Date

Tel No (daytime):

Email address:

Upon completion, please return this agreement, to arrive no later than 30 September 2024, to

Equiniti Limited, Aspect House, Spencer Road, Lancing, West Sussex, BN99 6DA.

You may wish to keep a copy for your own records.

Equiniti Employee Helpline: +44 (0) 371 384 2956. Lines are open 8.30am to 5.30pm Monday to Friday, excluding Public Holidays in England & Wales

For deaf and speech impaired customers Equiniti welcome calls via Relay UK. Please see www.relayuk.bt.com for more information.

You can also contact Equiniti by using the email service myshareplan@equiniti.com. Please provide your Company name in the subject line.

Please contact Equiniti to request this document in an alternative format, for example large print, Braille or audio.