

CASTOR INTERNATIONAL 2020

SHARE INCENTIVE PLAN

Partnership and Matching Share Agreement



Fill in the details below in block capitals. It is important that before signing you carefully read the CASTOR INTERNATIONAL 2020 brochure and the terms and conditions accompanying this agreement.

This agreement is between:

The Participant (you)	The Company	The Trustee
Full name	VINCI SA.	Equiniti Share Plan Trustees Limited
Home address	1 cours Ferdinand de Lesseps	Aspect House
.....	92500 Rueil-Malmaison	Spencer Road
..... Post code	France	Lancing
National Insurance Number		West Sussex
Account Number (as shown on your invitation letter)		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. A Matching share will be awarded for each Partnership share purchased using deductions from your salary 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 2020

For the 7 months from April to October 2020 you may invest up to £1,800 (or 10% of your gross pay for the tax year beginning 6 April 2020 up to 30th October 2020 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 2020.

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 salary, 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 2020 (up to a maximum of £1,800).

<i>Box 1</i>		<i>Box 2</i>	
Per month	or	Per week	<i>(The amount should not be less than £10 per deduction and not exceed 10% of your gross weekly or monthly pay for the tax year beginning 6 April 2020).</i>
£		£	

Option 2. If you would like a single lump sum deduction taken from your salary, 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 2020).

Lump Sum	<i>(The amount should not be more than £1,800 or exceed 10% of your gross pay for the tax year beginning 6 April 2020 up to the date on which the purchase is made. This amount will be deducted from your pay as a one-off deduction in the next available pay period).</i>
£	

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

Signature:

Date:

Tel No (daytime): Email address:

Upon completion please return this form to
Equiniti Limited, Aspect House, Spencer Road, Lancing, West Sussex, BN99 6DA.
You may wish to keep a copy for your own records.
Helpline: 0371 384 2956