

**SCHEDULE TO ACCOMPANY MARKET CLAIM PAYMENT FORM
CALCULATION OF TOTAL AMOUNT PAYABLE BY THE Q.I. / BROKER**

NAME OF BROKER: _____

Date: _____



PAYING COMPANY i.e. STOCK	DISTRIBUTION DATE	HOLDING	GROSS DIVIDEND	DWT DEDUCTED	NAME OF BROKER TO WHOM DIVIDEND PASSED	Dividend paid <u>before</u> March 2021 CREST Reference No.	Dividend paid <u>after</u> March 2021 Euroclear Participant Account no. & COAF no. (if available)

TOTAL DWT: _____

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