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|  | COMPANY NAME LIMITEDCompany number: Company registration number Registered office address: Address line 1, Address line 2, Town, County, Postcode |  |

**DEED OF WAIVER OF DIVIDENDS**

**DATE OF ISSUE: Date**

To: The Directors

I, NAME, the registered holder of NUMBER of SHARE CLASS shares of £X each in the capital of the Company, hereby waive all rights to payment of dividends whether interim or final declared by the Company and its directors.

Please apply this waiver to all dividends attributable to me and declared until I revoke this waiver by notice in writing to the Company provided that such dividends shall be declared and become payable within 12 months of the date of this notice.

Signed: …………………………………………… (Shareholder)

Date: ……………….

Witnessed

Signed: …………………………………………… (Witness)

Name: ……………………………………………

Address: ……………………………………………

Address: ……………………………………………

Address: ……………………………………………

Address: ……………………………………………

Date: ……………….