



Shareholder name in full: .....  
(please use block capitals)

Any joint shareholders' names: .....

Address: .....

.....Postcode: .....

Your investor code: .....

## Dividend Reinvestment Plan application form

If you wish to participate in the Home Retail Group Plc Dividend Reinvestment Plan please complete, sign and return this form to **Capita IRG Trustees Limited, The Registry, 34 Beckenham Road, Beckenham, Kent, BR3 4TU, England**. Application forms received later than 30 days prior to a dividend payment date will be effective from the following dividend payment date.

To: Capita IRG Trustees Limited (the "Plan Administrator")

1. I/We, the undersigned, being the registered holder(s) of ordinary shares in Home Retail Group Plc (the "Company") elect to participate in the Home Retail Group Plc Dividend Reinvestment Plan for dividends paid on all of my/our holding of ordinary shares in the Company from time to time.
2. I/We have read and agree to the Terms and Conditions of the Home Retail Group Plc Dividend Reinvestment Plan dated April 2008 ("Terms and Conditions"). I/We acknowledge that this application form together with the Terms and Conditions form a legally binding agreement between the Plan Administrator and me/us.
3. I/We appoint the Plan Administrator as my/our agent to arrange the purchase of ordinary shares in the Company in accordance with the Terms and Conditions. I/We agree that share certificates will be sent at my/our risk by post, or that my/our CREST account will be credited in respect of any ordinary shares in the Company purchased on my/our behalf. This mandate will remain in force until written notice is received by Plan Administrator in accordance with the Terms and Conditions.

Signature:

Date:

If you are a CREST participant, please state your Participant I.D.:

Daytime Telephone Number:

### For all other joint holders:

Name:

Signature:

Name:

Signature:

Name:

Signature:

All joint holders must sign this Application form. In the case of a company this form must be executed in accordance with Section 36A of the Companies Act 1985 or signed on its behalf by a duly authorised officer or agent. If your personal details printed above are not correct, please amend them where necessary and sign and return this form to the Plan Administrator.

If you have any questions please contact the Plan Administrator by telephone on **0871 664 0437 (or if calling from overseas + (44) 208 639 3377)** or by e-mail to **homeretailgroup@capitaregistrars.com**. Capita IRG Trustees Limited is authorised and regulated by the Financial Services Authority ("FSA") and entered on the FSA Register with registration number 184113.

**Use of information for marketing:** Capita IRG Trustees Limited may share your information with other companies in the Capita group so that you may be told about the Capita group's products or services which might be of interest to you. Please tick if you wish to be contacted for marketing purposes by post, telephone, fax, SMS, email or other electronic means:   
(Please note that if you tick the box above but decide later that you don't want to receive any further information you will need to write to Capita IRG Trustees Limited quoting your name and address, the Company name and your Investor Code).