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| LOGO HERE |
| [Company Name][Street Address, City, ST ZIP Code]**[**Phone]**[**Email][Website] |

 **DEED OF WAIVER OF DIVIDENDS**

To: The Directors

I, NAME, the registered holder of NUMBER of SHARES CLASS OF SHARES of £AMOUNT each in the capital of THE COMPANY NAME, hereby waive all rights to payment of dividends whether interim or final declared by the Company and its directors on DECLARATION DATE in respect of the year ended YEAR-END DATE.

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: ………………………………………………

Address: …………………………………………..

Witnessed by:

Name: ……………………………………………

Sign: ……………………………………………

Address: ……………………………………………

Name: ……………………………………………

Sign: ……………………………………………

Address: ……………………………………………

Date: ……………….