

THIS DOCUMENT IS IMPORTANT AND REQUIRES YOUR IMMEDIATE ATTENTION. If you are in any doubt as to the action you should take, you should consult your stockbroker, bank manager, solicitor, accountant or other independent financial adviser who, if you are taking advice in the UK, is authorised pursuant to the Financial Services and Markets Act 2000, or from an appropriately authorised independent financial adviser if you are in a territory outside the UK. This document should be read in conjunction with the scheme circular published by Redcentric plc ("Redcentric or the "Company") on 26 June 2020 (the "Scheme Circular"). Unless the context otherwise requires, the definitions used in the Scheme Circular also apply to this Claim Form. Please read carefully the terms of the Scheme, as set out in the Scheme Circular, which are incorporated in, and form part of, this Claim Form.

The ability of Potential Claimants to participate in the Scheme may be restricted by the laws of the jurisdiction in which such Potential Claimants are located. If you are in any doubt as to your eligibility to make a Claim you should seek your own personal financial advice immediately.

The distribution of this Claim Form in jurisdictions other than the UK may be restricted by the laws of those jurisdictions and therefore persons into whose possession this Claim Form comes should inform themselves about and observe any such restrictions. Failure to comply with any such restrictions may constitute a violation of the securities laws of any such jurisdiction. To the fullest extent permitted by law, Redcentric disclaim any responsibility or liability for the violation of such restrictions by such persons.

CLAIM FORM

in respect of the restitution scheme to be implemented by

Redcentric Plc

Completed and valid Claim Forms must be received by 5.00 p.m. on Friday 30 October 2020

(or by such later time and/or date (if any) as may be announced by Redcentric through a Regulatory Information Service)

ACTION TO BE TAKEN

- Before completing this Claim Form, read carefully Part 2 of the Scheme Circular entitled "Terms and Conditions of the Scheme".
- To make a Claim please:
 - read the instructions set out on pages 2 and 3 of this Claim Form;
 - complete and sign on page 6 of this Claim Form; and return it to the Administrator using one of the following methods:
 - scan this Claim Form in full together with supporting documentation and email to RCNclaims@deloitte.co.uk;
 - return this Claim Form together with supporting documentation to Redcentric Claims, Deloitte LLP, 2 Hardman Street, Manchester, M3 3HF; or
 - contact the Administrator to agree an alternative method of document transfer.
- By returning a Claim Form, you are deemed to have given the representations, warranties, undertakings and acknowledgements set out in paragraph 6 of Part 2 of the Scheme Circular.
- If you held Relevant Shares jointly with others, you must arrange for all of your co-holders to sign this Claim Form.
- If you are not resident in the UK or held Relevant Shares on behalf of a Potential Claimant outside of the UK (and would like to receive Ordinary Shares as part of or as all of your Compensation Payment), you should inform yourself about and observe any applicable legal or regulatory requirements in the jurisdiction in which you or the Potential Claimant(s) on whose behalf you held Relevant Shares are located. If you are in any doubt about your position, you should consult your professional adviser in the relevant territory.
- A Claim Form which is received by a Potential Claimant located in any jurisdiction where the Company at its discretion has determined that the issue of Ordinary Shares may be in breach of the relevant laws of that jurisdiction shall only be entitled to receive a Cash Payment under the Scheme.
- If any Claim Form is received after 5.00 p.m. on Friday 30 October 2020 (or after such later time and/or date (if any) as may be announced by Redcentric through a Regulatory Information Service) or is received before such time and date but is not valid or complete in all respects at such time and date, such Claim shall, for all purposes, be void (unless Redcentric and the Administrator, in their absolute discretion, elect to treat as valid, in whole or in part, any such Claim) and the Potential Claimant purporting to make such an election shall not, for these purposes, be entitled to receive any compensation under the Scheme.
- Without prejudice to any other provision of this Claim Form or Part 2 of the Scheme Circular entitled "Terms and Conditions of the Scheme" or otherwise, Redcentric reserves the right (subject to the terms of the Scheme) to treat as valid in whole or in part any Claim which is not entirely in order.

If you are in any doubt as to how to complete this Claim Form, please leave a voicemail message for the Administrator, Deloitte LLP, on +44 161 455 6488 or send an email to RCNclaims@deloitte.co.uk. The Administrator will endeavour to deal with your query within 48 hours (excluding weekends and UK public holidays). Calls will be charged at the standard geographic rate and will vary by provider. Calls from outside the UK will be charged at the applicable international rate. Calls may be recorded and monitored for security and training purposes.

Data Protection

Any personal information that is provided as part of completing this Claim Form will be used to assess the suitability of your Claim and administering the restitution scheme where your Claim has been accepted. Further details regarding how the Company will process your personal information is described in the Scheme Circular.

HOW TO COMPLETE THIS FORM

Please follow these instructions when completing the form on page 4

1 RELEVANT PERIOD

The "Relevant Period" means the period from 9 November 2015 (being the date of publication of the 2015 Interim Results) to 4 November 2016 (being the last dealing day before the date of release of an announcement issuing a corrective statement) inclusive.

2 NET RELEVANT SHARE PURCHASES

Please insert the Net Relevant Share Purchase figure in Part 1. Please provide details of all relevant trades carried out during the Relevant Period at Part 2.

3 BANK ACCOUNT DETAILS

If you elect to receive any Restitution Amount by way of the Basic Entitlement, a Cash Payment or a Split Payment please provide details of the relevant bank account to which you wish to receive the cash consideration by completing Part 5.

4 CREST DETAILS

If you elect to receive any Restitution Amount by way of the Basic Entitlement, a Share Payment or a Split Payment please provide details of the relevant CREST account to which you wish to receive any share consideration in uncertificated form by completing Part 6. If you do not have a CREST account and/or would like to receive your Ordinary Shares in certificated form, please leave Part 6 blank and ensure that you have provided a valid postal address to which a share certificate can be issued.

5 DOCUMENTARY EVIDENCE TO BE PROVIDED

Please provide the following supporting documentation in respect of the relevant trades set out at Part 2: (a) Documentation confirming the number of Ordinary Shares held at the beginning and at the end of the Relevant Period; and/or (b) the contract notes for all trades in Ordinary Shares (being all purchases and all sales) carried out during the Relevant Period.

6 SIGNATURES

All Potential Claimants who are individuals should sign and date this Claim Form in the presence of an independent witness who should sign this Claim Form (copies will not be accepted) and insert their name and address. The independent witness must be at least 18 years of age and must not be any joint holder of your Ordinary Shares which you hold or held. If this Claim Form is not signed by the registered holder(s), insert the name(s) and capacity (e.g. executor) of the person(s) signing this Claim Form. The person signing this Claim Form should provide evidence of their authority. If this Claim Form is signed under a power of attorney place a cross in the appropriate box and the original power of attorney (or a duly certified copy) should accompany this Claim Form.

A company may execute this Claim Form under its common seal, the seal being affixed and witnessed in accordance with its articles of association or other regulations. Alternatively, this Claim Form may be executed on behalf of a company by two authorised signatories or a director of the company in the presence of a witness who attests the signature. A company incorporated outside England and Wales may sign in accordance with the provisions of the Overseas Companies (Execution of Documents and Registration of Charges) Regulations 2009. In all cases, the name of the company must be inserted above the signatures. If this Claim Form is signed under a power of attorney, place a cross in the appropriate box and the original power of attorney (or a duly certified copy) should accompany this Claim Form.

7 CONTACT DETAILS

Please insert in Part 7 a telephone number in which you can be contacted during normal working hours in the event of any questions arising from the completion of this Claim Form.

HOW TO ELECT TYPE OF COMPENSATION

Please follow these instructions when completing the form on page 4

1 TO MAKE AN ELECTION FOR THE BASIC ENTITLEMENT

To elect to receive your Basic Entitlement, you should insert in Part 3 "BASIC ENTITLEMENT".

2 TO MAKE AN ELECTION FOR A CASH PAYMENT UNDER THE MIX AND MATCH FACILITY

To elect to receive a Cash Payment instead of the Basic Entitlement, you should insert in Part 3 "CASH PAYMENT".

3 TO MAKE AN ELECTION FOR A SHARE PAYMENT UNDER THE MIX AND MATCH FACILITY

To elect to receive a Share Payment instead of the Basic Entitlement, you should insert in Part 3 "SHARE PAYMENT".

4 TO MAKE AN ELECTION FOR A SPLIT PAYMENT UNDER THE MIX AND MATCH FACILITY

To elect to receive a Split Payment instead of the Basic Entitlement, you should insert in Part 3 "SPLIT PAYMENT".

5 TREATMENT OF FRACTIONS

Any Restitution Amount to be paid under the Basic Entitlement or by way of a Share Payment or a Split Payment which results in a number of Ordinary Shares to be allocated to the Eligible Claimant which is not a whole number shall be deemed to be made in respect of the nearest whole number of Ordinary Shares when rounded down. Any Restitution Amount to be paid wholly or partly in cash will be rounded down to the nearest whole penny.

6 INVALID ELECTIONS

If your election under the Mix and Match Facility is invalid for any reason and you are determined to be an Eligible Claimant, you will receive your Basic Entitlement as if you had made such an election. If you do not insert anything in Part 3 your election will be deemed to be, and you will receive, your Basic Entitlement.

7 SHARE CAP

The number of Ordinary Shares which can be allotted under the Scheme has been limited to 6,400,000 Ordinary Shares (the "**Cap**"). It is unlikely that the Cap will be reached and it is expected that Eligible Claimants will be able to receive their Compensation Payment as they have elected in this Claim Form. However, if the Cap is reached, any further Compensation Payments will be made by way of a Cash Payment only. The Determination Notice will specify the type of Compensation Payment being offered to the Eligible Claimant.

CLAIM FORM RELATING TO THE SCHEME
PLEASE COMPLETE (IN BLACK INK AND BLOCK CAPITALS) AS EXPLAINED ON PAGES 2 AND 3

POTENTIAL CLAIMANT DETAILS

NAME

ADDRESS

1 **NET RELEVANT SHARE PURCHASES**

Insert number of Net Relevant Share Purchases during the Relevant Period

EXPLANATORY NOTES

CLAIM FORM RELATING TO THE SCHEME

2

DETAILS OF ORDINARY SHARE TRADES DURING RELEVANT PERIOD

Please set out details of the trades of Ordinary Shares carried out during the Relevant Period

	Number of Ordinary Shares Traded	Date	Type of trade	Amount of Trade	Resulting holding of Ordinary Shares
1.					
2.					
3.					
4.					
5.					
6.					
7.					
8.					
9.					
10.					
11.					
12.					
13.					
14.					
15.					

Note: If further trades are required to be added, please complete these on continuation pages.

EXPLANATORY NOTES

CLAIM FORM RELATING TO THE SCHEME

3**FORM OF COMPENSATION IN RELATION TO RESTITUTION AMOUNT**

Please elect for form of compensation

Insert one of "BASIC ENTITLEMENT", "CASH PAYMENT", "SHARE PAYMENT" or "SPLIT PAYMENT"

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4**SIGNATURE CONFIRMING YOUR ELECTION**

By signing and returning this Claim Form, you are deemed to irrevocably give the representations, warranties, undertakings and acknowledgements set out in paragraph 6 of Part 2 of the Scheme Circular.

POA

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EXECUTION BY INDIVIDUALS

Executed and delivered as a deed by:

	Name of Shareholder(s)	Signature of Shareholder(s)	Witness Signature	Date
1.				
2.				
3.				
4.				

Witness details: please provide the name and address of the witness")

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Note: All Potential Claimants who are individuals should sign and date this Claim Form in accordance with the instructions on pages 2 and 8 of this Claim Form. **Signing under Power of Attorney.** If you are signing under power of attorney, please place a cross in the box above marked "**POA**" and attach the original power of attorney (or a copy thereof duly certified in accordance with the Powers of Attorney Act 1971).

EXECUTION BY A COMPANY

Executed and delivered as a deed by:

POA

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If you are affixing a company seal, please mark a cross in black ink in Box S

S

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.....
Name of Company

.....		
Name of Director	Signature	Date

.....		
Name of Director/Secretary	Signature	Date

.....			
Name of Witness	Signature	Date	Address of Witness

Note: All Potential Claimants which are companies should sign and date this Claim Form in accordance with the instructions on pages 2 and 8 of this Claim Form. **Signing under Power of Attorney.** If you are signing under power of attorney, please place a cross in the box above marked "**POA**" and attach the original power of attorney (or a copy thereof duly certified in accordance with the Powers of Attorney Act 1971).

CLAIM FORM RELATING TO THE SCHEME

5**UK BANK ACCOUNT DETAILS**

To be completed only if you have elected to receive your Basic Entitlement, a Cash Payment or a Split Payment.

Bank Account Number:

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Bank Account Name:

Bank Account Sort Code:

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Name of Bank:

EXPLANATORY NOTES**6****CREST DETAILS**

To be completed if you have elected to receive your Basic Entitlement, a Share Payment or a Split Payment in uncertificated form.

Note: if you elect to receive Ordinary Shares under the Basic Entitlement or by way of a Share Payment or a Split Payment and do not fill in this box you will be deemed to have elected to receive any Ordinary Shares in certificated form and you will be sent a share certificate.

Broker ID:

Participant ID:

Member Account ID:

EXPLANATORY NOTES**7****CONTACT DETAILS**

Please provide the telephone number and/or email address on which you/the Claimant can be contacted during normal working hours (including area code) in the event of a query arising from the completion of this Claim Form:

Contact Name:

Telephone Number (including area code):

Email Address:

EXPLANATORY NOTES

NOTES REGARDING THE COMPLETION AND LODGING OF THIS CLAIM FORM

In order to be valid, this Claim Form must (except as described below and on page 2 above) be signed personally by the Potential Claimant or by all the joint Potential Claimants. If any such Potential Claimant is a corporation, see note (1) below and the instructions on page 2.

(1) If the Potential Claimant is a corporation

Person(s) authorised to sign on behalf of a company incorporated in England and Wales may sign this Claim Form on behalf of the company. Person(s) authorised by a company incorporated outside England and Wales may sign this Claim Form in accordance with the laws of the territory in which the relevant company is incorporated.

(2) If a Potential Claimant is away from home (e.g. abroad or on holiday)

Send this Claim Form by the quickest means (e.g. airmail) to the Potential Claimant for execution (but not any jurisdiction if to do so would constitute a violation of the relevant laws of that jurisdiction) or, if he/she has executed a power of attorney, have this Claim Form signed by the attorney. In the latter case, you should follow the instructions in note (5) below.

(3) If the Potential Claimant has died

If probate or letters of administration has/have been registered with Redcentric, this Claim Form must be signed by the personal representative(s) of the deceased and returned to the Administrator. If probate or letters of administration has/have not been registered with Redcentric, the personal representative(s) should sign this Claim Form and forward it to the Administrator together with evidence of that personal representative's authority to sign (namely the sealed office copy Grant of Probate) by 5.00 p.m. on Friday 30 October 2020 (or by such later time and/or date (if any) as may be announced by Redcentric through a Regulatory Information Service). However, once obtained, the grant of probate or letters of administration must be lodged before the consideration due under the Scheme can be forwarded to the personal representative.

(4) If one of the Potential Claimants in a joint account has died

The surviving Potential Claimant(s) should complete this Claim Form and return it to the Administrator accompanied by a copy of the death certificate and the relevant probate or letters of administration of the deceased Potential Claimant.

(5) If this Claim Form is signed under a power of attorney

The completed Claim Form should be returned to the Administrator accompanied by the original power of attorney (or a duly certified copy, as provided in the Powers of Attorney Act 1971) by 5.00 p.m. on Friday 30 October 2020 (or by such later time and/or date (if any) as may be announced by Redcentric through a Regulatory Information Service). The power of attorney will be noted and returned. No other signatures will be accepted.

(6) If the Potential Claimant does not return this Claim Form

If the Potential Claimant does not return this Claim Form to the Administrator by 5.00 p.m. on Friday 30 October 2020 (or by such later time and/or date (if any) as may be announced by Redcentric through a Regulatory Information Service), or does not make or is not deemed to have made a valid election using this Claim Form, he/she will be deemed to have waived their right to receive any Restitution Amount under the Scheme.

(7) Representations, warranties, undertaking and acknowledgements

By returning a Claim Form, you are deemed to have given the representations, warranties, undertakings and acknowledgements set out in paragraph 6 of Part 2 of the Scheme Circular.

(8) Overseas Holders

The attention of Overseas Holders is drawn to paragraph 6 of Part 2 of the Scheme Circular. Potential Claimants who are resident in, or citizens or nationals of, jurisdictions outside the UK should consult their professional adviser to ascertain whether the Scheme will be subject to any restrictions or require compliance with any formalities imposed by the laws or regulations of, or any body or authority located in, the jurisdictions in which they are resident. Potential Claimants who are resident in, or citizens or nationals of, Restricted Jurisdictions or other jurisdictions in which the Company in its discretion has determined that the issue of Ordinary Shares may be in breach of the relevant laws of that jurisdiction should contact the Administrator.

In addition, the distribution of this Claim Form or the Scheme Circular in certain jurisdictions may be restricted by law. Persons into whose possession this Claim Form or the Scheme Circular comes should inform themselves about and observe any legal requirements applicable to their relevant jurisdiction.

If you have returned a Claim Form and subsequently wish to withdraw or amend that Claim Form, please contact the Administrator in writing by no later than 5.00 p.m. on Friday 30 October 2020, or by such later time and/or date (if any) as may be announced by Redcentric through a Regulatory Information Service. Please clearly specify whether you would like to withdraw or amend the Claim Form that you have submitted and ensure that your request contains an original signature. Any written requests of this nature should be sent by email to RCNclaims@deloitte.co.uk or by post to Redcentric Claims, Deloitte LLP, 2 Hardman Street, Manchester, M3 3HF.

DO NOT DETACH ANY PART OF THIS CLAIM FORM