



# FORM OF INDEMNITY

Name of Company Kerry Group plc  
Registered Office Prince's Street, Tralee, Co. Kerry

**FOR OFFICE USE ONLY**  
plc Acc No. \_\_\_\_\_

**I HEREBY CERTIFY THAT** (Mr/Mrs/Ms) \_\_\_\_\_

of \_\_\_\_\_  
who was a shareholder of the above-named Company in respect of \_\_\_\_\_ shares of €0.125 each died on the \_\_\_\_\_ day of \_\_\_\_\_. I do further certify to the best of my knowledge and belief that the said Shareholder made no Will or other testamentary disposition and left no other moneys (excepting \_\_\_\_\_)

and that the following persons are the said Member's only next-of-kin and the only persons entitled to the effects of the said deceased, that is to say:

Name	Address	State Relationship to Deceased
1 .....	of .....	.....
2 .....	of .....	.....
3 .....	of .....	.....
4 .....	of .....	.....
5 .....	of .....	.....
6 .....	of .....	.....

Date / / 20

Witness (Solicitor) \_\_\_\_\_ Signature of person  
Address \_\_\_\_\_ nearest of kin \_\_\_\_\_

WE, the undersigned being the only next of kin of \_\_\_\_\_ aforesaid, who was a Shareholder of the above-named Company, in which he held \_\_\_\_\_ Shares of € 0.125 each do hereby authorise the said Society to transfer to \_\_\_\_\_ of \_\_\_\_\_ the whole of the Shares and Dividend(s) standing in the name of the said deceased and we hereby jointly and severally undertake and agree to indemnify the Company and the Board of Directors thereof against any claim that may hereafter be made for such Shares and Dividend(s) or in any manner relating thereto by any person or persons whomsoever.

Date / / 20

- |   |   |
|---|---|
| 1. Witness to the Signature of _____<br>Name _____<br>Address _____<br>Occupation _____ | 4. Witness to the Signature of _____<br>Name _____<br>Address _____<br>Occupation _____ |
| 2. Witness to the Signature of _____<br>Name _____<br>Address _____<br>Occupation _____ | 5. Witness to the Signature of _____<br>Name _____<br>Address _____<br>Occupation _____ |
| 3. Witness to the Signature of _____<br>Name _____<br>Address _____<br>Occupation _____ | 6. Witness to the Signature of _____<br>Name _____<br>Address _____<br>Occupation _____ |

Signature of persons entitled to the effects of deceased

**N.B. CERTIFICATE OF DEATH SHOULD ACCOMPANY THIS FORM**  
This form of Indemnity is to be used solely in relation to shares in **Kerry Group plc**.

**IT IS HEREBY CERTIFIED THAT THE INSTRUMENT IS A CONVEYANCE OR  
TRANSFER ON ANY OCCASION, NOT BEING A SALE OR MORTGAGE.**

SIGNED: .....

SIGNED:.....

TRANSFEROR(S):.....

TRANSFeree(S):.....

.....

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