

7, Anthony Village Road, Anthony, P.M.B. 10014, Shomolu, Lagos State. Tel: 234-1-2716090-4, 01-8419257-8 Fax: 234-1-2716095 e-mail:datamax@datamaxregistrars.com website:www.datamaxregistrars.com

## MANDATE FOR e-DIVIDEND PAYMENT

It is our pleasure to inform you that you can henceforth, collect your dividend through DIRECT CREDIT into your Bank Account. Consequently, we hereby request you to provide the following information to enable us process direct payment of your dividend (when declared) into your bank account (ONLY CLEARING BANKS ARE ACCEPTABLE)

	Date (DD/MM/YYY)					
			Shareholder A	account Number (if	(Known)	
tem						
)	Name of Company in which shares are held.		CSCS CHN Number			
		ileiu.	C			
	GTB GDR MA	ANSARD				
2)	Surname/Company's Name					
	Surfiame/Company s Ivame					T
.1)	Other Name (for Individual Shareholde	er)				
.2)	Present Postal Address					
.3)	City		State			
.4)	E-mail Address					
.5)	Mobile (GSM) Phone Number					
)	Bank Name					
.1)	Branch Address					
2)						
.2)	Bank Account Number (NUBAN ONLY)					
.3)	Bank Sort Code					
3)	Dank Soft Code					
	Please forward until further notice a item 1 to the branch of the bank deta	Il future interest or divide	nds to which I/	We become entitle	ed for the company detail	led i
	nem 1 to the branch of the bank deta	med in item 3 - 3.1.				
*				Company Seal/Incorp	oration Number (Corporate Shareh	older
	Shareholder's Signature or Thumbprint	Shareholder's Signature or	Thumbprint	Company Scar Incorp	oration Number (Corporate Shareh	older
	This form must be signed by ALL the a	naistanad haldana		When complete	1 1 1	
	This form must be signed by ALL the registered holders, executor(s) or administrators		When completed on behalf of corporate body, each signatory should state the representative			
					mpany Secretary, Director	
**		n,				
		AUTHORISED SIGNATURE AND	STAMP OF RANKE	es		
	A CONTRACTOR OF THE PARTY OF TH	The state of the s	- I Driving			

The signature(s) in 4 must correspond with your specimen in our records as any contrary signature(s) or non-existence in our records would void your request.

<sup>\*\*</sup>The branch stamp and signature of an authorised signatory of your bank is required to confirm that the signature(s) in box 4 is/are that of the shareholder(s) or an authorised signatory, before returning to the Registrars.

<sup>\*</sup> Please disregard this form if you already have a standing mandate instruction on your account.