MANDATE FORM



registrars limited a subsidiary ofuac nigeria

1-5, Odunlami Street, P. O. Box 2183, Lagos.

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 provided the following information to enable us process direct payment of your dividend (when declared) into your bank account.

	Date (DD/MM/YYYY)				
		1/	/			
Surname/Company's Name		11				
Other Names (for Individual Shareholder)			24.			
Present Postal Address						
City	State					
Email Address						
Mobile (GSM) Phone Number						
Monte (GSM) Filone Islander						
Bank Name			TTT			
Branch Address					ПТ	
Bank Account Number						
Bank Sort Code						
THE OF COMPANY IN WHICH YOU I	VE SHADES	DEC	STRAR'S	HEE		
NAME OF COMPANY IN WHICH YOU HA	WE SHAKES	REG	STRAKS	USE		
UACN PLC		NAM	E:			
UNIC INSURANCE PLC						
UPDC PLC		SIGN	ATURE:			
VITAFOAM NIG. PLC VONO PRODUCTS PLC		DATE	7.			
TONOTROBUSTS			DATE:			
/WE hereby request that from now, all dividend	warrant(s) due to me	e/us from my/	our holding(s) in all the		
ompanies ticked above overleaf be credited to m	y/our Bank named a	bove.				
				-		
		Company S	cal/Incorporation	Number (Corpor	rate Shareholder	
hareholder's Signature or Thumbprint Shareholder's Signature or Thumbprint						
	5 2	201	E 11 15 150			
AUTHORISED SIGNA	TURE & STAMP OF BAN	KERS				
	THE PARTY OF THE P					

Please be informed that by filling and sending this form to us for processing, you have applied for the e-Dividend thereby, authorizing us to credit your account (in respect of dividends) electronically.