

## MANDATE FOR e-DIVIDEND PAYMENT

**Date (DD/MM/YYYY)**

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Dear Sir/Madam

Please find below my/our Bank details for the purpose of electronic payments of dividend(s) due to me/us . I/We confirm that all information supplied is to the best of my/our knowledge correct and hereby covenant to indemnify and forever keep indemnified the **security issuer, the directors, the security registrar, the directors and officers of the security registrar** from and against all losses in respect thereof and all claims, actions, proceedings, demands, cost, expenses whatsoever which may be made or brought against them by reason of compliance with this request.

<input type="checkbox"/> <b>GTBank</b>	<input type="checkbox"/> <b>GTBank (GDR)</b>	<input type="checkbox"/> <b>MANSARD</b>	<input type="checkbox"/> <b>IMPERIAL HOMES</b>
<input type="checkbox"/> <b>MESL</b>	<input type="checkbox"/> <b>IFC - BOND</b>	<input type="checkbox"/> <b>KOGI STATE BOND</b>	

**Shareholder Account Number**

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**\* (1) PERSONAL INFORMATION**

Surname / Company Name:

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Other Names (for Individual Shareholder)

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Current Postal Address


**(2) E -CONTACT DETAILS**

E- Mail Address

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Mobile (GSM) Phone Number

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**(3) E-DIVIDEND PAYMENT INFORMATION**

I/We hereby request that you forward until further notice, all future dividend/ interest to which I/we become entitled for the company indicated above to the branch of the Bank named below.

Bank Name

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Branch Address

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Bank Account Number (NUBAN ONLY)

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Bank Sort Code

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**\*\* (4)**

Shareholder's Signature or Thumbprint
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Shareholder's Signature or Thumbprint
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<table border="1" style="width: 100%; border-collapse: collapse;"> <tr> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> <td style="width: 25%;"></td> </tr> </table> Company Seal/ Incorporation Number (Corporate Shareholder)				

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 capacity e.g. Company Secretary, Directors etc.

**\*\*\* (5)**

<b>AUTHORISED SIGNATORY AND STAMP OF BANKERS</b>
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\* Please ensure that the name on your Bank Account corresponds with that in our records as any contrary Name(s) would void your request.

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

\*\*\* The Bank stamp and signature of the authorised signatory of your bank is required to confirm that the Bank details in item 3 and signature(s) in item 4 is/are that of the shareholder(s) or an authorised signatory, before returning to the Registrars.

▪ **Please disregard this form if you already have a standing mandate instruction on your account.**

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