Affix Current Passport Photo

Please write your name at the back of your passport photograph



Se write your name at the

nstruction	Only Clearing Banks are acceptable					Kindly tick & quote your shareholder account no in the box below		
Please complete all sections of this form to make it eligible for processing and return to the address below The Registrar, DataMax Registrars Limited 2C, Gbagada Expressway, By Beko Ransome Kuti Park, Gbagada, P.M.B 10007, Shomolu, Lagos State. I/ We hereby request that you forward until further notice, all future dividend/ interest to which I/we become entitled for the company indicated, to the branch of the Bank named below.						Tick	Name of Company	Shareholde Number
						AXA Mansard Insurance Plc.		
							Guaranty Trust Holding Company Plc.	
							Kogi State Bond Series 1	
Bank Verification Number							Kogi State Bond Series 2	
							Notore Chemical Industry Plc.	
Bank Name	•						Seplat Energy Plc.	
ank Account Number							Nigerian Exchange Group Plc.	
Account Opening Date *	AUTHORISED SIG	NATORY AND	STAMP 0	OF BANKER	r s t	equired t he share	stamp and signature of the authorised signato to confirm that the Bank details and signature sholder(s) or an authorised signatory, before ret	e(s) is/are that of
Shareholder Account Informa * Surname / Company's Name	tion First Name		Ot	ther Nar	*	Registrars * Please that in	 ensure that the name on your Bank Account cour records as any contrary Name(s) would voi 	orresponds with d your request
						FO	R DATAMAX REGISTRARS US	E ONLY
Address:								
						_	ff and Name	
							fficer's Name:	
City State Country						Signature / Date:		
Dravious Addrsos (If onl)							•	
Previous Address (If any)						Co	omments:	
CHN (If any)								
Mobile Telephone 1	Mobile	Telephone	e 2		1	L		
Email Address						<u>I</u>		
Linaii Address								
*** Signature 1								
Signature i]							
]					Nam	ne of Stockbroker	
Signature 2	Company Sea	al/ Incorporation I	Number (Co	rporate Share	eholder)			
When completed on behalf of a corpore body, each signatory should state the representative capacity e.g. Company Secretary, Directors etc.						reco	signature(s) must correspond with your speci ords as any contrary signature(s) or non-existen Id void your request.	
indemnified the security issue and against all losses in respe- made or brought against the	supplied is ter, the direct thereof a months by reason	to the best tors, the and all con	st of my e secu claims, npliance	rity regardant	gistrar, s, proce this re	the di edings, equest	ct and hereby covenant to indemnify and rectors and officers of the security redemands, cost, expenses whatsoever Help desk, Telephone No. Tel: (rars.com www.datamaxgroup.ng or s	egistrar from which may be 07064000751,

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datamax@datamaxregistrars.com