FULL DEMATERIALIZATION FORM FOR MIGRATION

To: The Registrar

Name of Company:

Instruction: Please fill out the form in CAPITAL LETTERS

Section 'B' is applicable only if certificate(s) is/are misplaced, lost or destroyed.

Please credit my account at Central Securities Clearing System (CSCS) with shares from my holdings in the company stated below. I recognize this will invalidate any certificate(s) in my possession, or which might come into my possession in respect of my total holding(s) in this/this company.

	ON A: HOLDER'S FULL NAMES;					[]
	(Surname) F		Affix			
	<mark>s:</mark> umbers:		Passport Photograph			
CSCS In	vestor's Acct Number:	Clearing	g House Numbe	er(CHN):		
Bank N	ame:E	ank Account Name:				
BVN:	Bank Acco					
Author	Of Stockbroker:				ignature (if applicable)	Thumb Print
	CATE DETAILS CERTIFICATE NO. (IF ANY)	UNITS	S/N	CERTIFICATE NO. (IF ANY)	UNITS	
						(Company Seal

SECTION B: INDEMNITY FOR MISPLACED, LOST OR DESTROYED CERTIFICATE(S)

I hereby request the Registrar to credit my account at Central Securities Clearing System (CSCS) with unit of shares not covered in my share certificate(s) details quoted in Section 'A' above. The holdings are registered in my name, and the original shares/s tocks certificate(s) has/have been misplaced, lost or destroyed or was never received. I hereby, with the Guarantor whose name hereunder appears, indemnify the said Company and the Registrars against all claims and demands, money, losses, damages, costs and expenses which may be brought against, or be paid, incurred or sustained by the said Company and /or the Registrars by reason or in consequence of the said certificate(s) having been misplaced, destroyed, lost or in consequence of a transfer being registered without surrender of the certificate(s) or otherwise whatsoever. I further undertake and agree that if the said Certificate(s) shall hereafter be found, to forthwith deliver up to the Registrars or their successors or assigns without cost. fee or reward.

S/N	CERTIFICATE NO. (IF ANY)	UNITS	Dated this Da	ay of 20	
			Name:		
					(Company) Seal)
			Signature.		(Seal /
		Joint (ii) (if applicab	Joint (ii) (if applicable):		
			Joint (iii) (if applicat	ble):	
In the F	Presence of:				
Name:			GSM NO:	Signature:	
Addres	s:				
This is t	to be executed by the shareholde	r's stockbroker, bankei	r or insurance company.		
behalf	, ,	s, proceedings, Liabiliti	es, claims, losses, damages, costs a	b keep the company and /or the Registra and expenses in relation to or arising out l expenses suffered or incurred by you in	t of your accepting to re-issue to

therefrom.

Authorised Signatory (2):____

Company

Seal