FULL DEMATERIALIZATION FORM FOR MIGRATION

To: The Registrar							
Name of Company: Instruction: Please fill out the form in CAP Section 'B' i applicable only if certificate		t or dest	royed.				
Please credit my account at Central Securities certificate(s) in my possession, or which might						ognize this will invalida	te any
SECTION A: SHAREHOLDER'S FULL NAMES							
(Surname) First N	ame, Middle Name					Affix Passport	
GSM Numbers: Regi trar' I No (RIN)						Photograph	
CSCSInve tor' Acat Number Qearing Hou e Number(CHN)							
Bank Name: Bank	_						
BVN:Bank Account							
Name Of Stockbroker Authorized signature and stamp of stockbroke			_ Stockbroker'		2 nd signature (if applicable)	Thumb	Print
CERTIFICATE DETAILS		0/11		0 (15 4) 0 4	LINUTED		
S'N CERTIFICATE NO. (IF ANY)	UNITS	S/N	CERTIFICATEN	O. (IF ANY)	UNITS		
						_	_
						Corr	npany \
							eal)
						_	
ECTION B: INDEMNITY FOR MISPLACEI I hereby request the Registrar to credit my quoted in Section 'A' above. The holdings are never received. I hereby, with the Guarant money, losses, damages, costs and expenses or in consequence of the said certificate(s) certificate(s) or otherwise whatsoever. I fur or their successors or assigns without cost, to S'N CERTIFICATE NO. (IFANY)	account at Central Secueregistered in my name, or whose name hereund which may be brought at having been misplaced ther undertake and agree	rities Oea and the coder appea against, coder de that if the Da Sq Jo	aring System (Coriginal shares/sars, indemnify or be paid, incurved, lost or in che said Certificated this [Came: [Cameture: [Campulature:	stocks certif the said Con red or sustai consequence ate(s) shall he Day of	icate(s) has/ have been mis npany and the Registrars a ined by the said Company a e of a transfer being regist	placed, lost or destroye against all daims and d and for the Registrars b ered without surrende with deliver up to the R	d or was lemands, ley reason er of the legistrars
In the December of							
In the Presence of: Name:	G	SM NO:			Sonature:		
Address:							
This is to be executed by the shareholder's sto	ockbroker, banker or insul	rance com	npany.				
On behalf of	ceedings, Liabilities, daim	ns, losses,	damages, costs	and expense		t of your accepting to re	e-issue to
Authorised Sgnatory (1): Authorised Sgnatory (2):						Company	у)