

Affix
Current
Passport
Photo

Please write your name at the
back of your passport
photograph

E-MANDATE ACTIVATION FORM

Instruction

Only Clearing Banks are acceptable

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.

Bank Verification Number

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Bank Name

Bank Account Number

Account Opening Date

*

AUTHORISED SIGNATORY AND STAMP OF BANKERS

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

Shareholder Account Information

** Surname / Company's Name First Name Other Names

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address:

City State Country

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Previous Address (If any)

CHN (If any)

Mobile Telephone 1

Mobile Telephone 2

Email Address

*** Signature(s)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Company Seal/ Incorporation Number (Corporate Shareholder)																			

When completed on behalf of corporate body, each signatory should state the representative capacity e.g. Company Secretary, Directors etc.

Kindly tick & quote your shareholder account no in the box below

Tick	Name of Company	Shareholder Number
<input type="checkbox"/>	AXA Mansard Insurance Plc.	<input type="text"/>
<input type="checkbox"/>	Guaranty Trust Bank Plc.	<input type="text"/>
<input type="checkbox"/>	Kogi State Bond Series 1	<input type="text"/>
<input type="checkbox"/>	Kogi State Bond Series 2	<input type="text"/>
<input type="checkbox"/>	Notore Chemical Industry Plc.	<input type="text"/>
<input type="checkbox"/>	Seplat Petroleum Development Plc.	<input type="text"/>

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

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

Help desk , Telephone No. 01-7120008-11, 0700DATAMAX or send e-mail to datamax@datamaxregistrars.com

DATAMAX REGISTRARS LIMITED

Website: www.datamaxregistrars.com; E-Mail: datamax@datamaxregistrars.com or the completed form can be submitted through any GTBank nearest to you.

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