To: The Registrar DataMax Registrars Lin  Name of Company: GTBANK MANSARD  Instruction: Please fill out the form in CAPITAL LETTERS	S	SEPLAT T		2C, Gbagada Expressway, By Beko Ransome Kuti Park,
Name of Company: GTBANK MANSARD	S	SEPLAT T		
. ,			)ataMa	Anthony Oke Bus Stop, P.M.B 10014, Shomolu,
Section 'B' is applicable only if certificate(s) is/are misplaced,	lost or des	Da	taMax Registrars Lim	
Please credit my account at Central Securities Clearing System (CSC certificate(s) in my possession, or which might come into my posses	•			recognize this will invalidate any
SECTION A: SHAREHOLDER'S FULL NAMES:  (Surname) First Name, Middle Name				
Address:				Affix
GSM Numbers:Re	gistrar's Id	No (RIN):		Passport
SSCS Investor's Acct Number: Clearing House Number(CHN): Photograph				
Bank Name: Bank Account Name:				
BVN:Bank Account No (NUBAN):		Email Add:		
Name Of Stockbroker:  Authorized signature and stamp of stockbroker			2 <sup>nd</sup> signature (if applicabl	e) Thumb Print
CERTIFICATE DETAILS	marcholaci	3 Signature	2 Signature (ii applicabl	C)
S/N CERTIFICATE NO. (IF ANY) UNITS	S/N	CERTIFICATE NO. (IF ANY)	UNITS	
				Company
				\ Seal
SECTION B: INDEMNITY FOR MISPLACED, LOST OR DESTRO	YED CERT	(IFICATE(S)		
I/We request the Registrar to credit my/our account at Central S details quoted in Section 'A' above. The holdings are registered destroyed and has not/have not been pledge, sold or otherwise forever keep indemnified the security issuer, the directors and registrar from and against all losses in respect thereof and all c brought against them by reason of compliance with this reque to fortwith deliver up to the Registrars or their successors or ass	ecurities C in my/our redisposed thrustees claims, actionst. I/We fu	Clearing System (CSCS) with name, and the original share of, or was never received. I of the security issuer, the se ons, proceedings, demands, orther undertake and agree	es/stocks certificate(s) he /We in consideration he curity registrar, the dire costs, expenses what	nas/have been misplaced, lost or ereby covenant to indemnify and ctors and officers of the security soever which may be made or
S/N CERTIFICATE NO. (IF ANY) UNITS	Date	ed this Day of	( Company )	
	Name:			Seal
		ature: t (ii) (if applicable):		This form is to be signed by the security holder
	Joint (iii) (if applicable):			
				all of the security holders must sign.
In the Presence of:	CCM NO.		Signatura	
Name: Address:	_ GOIVI NU:		signature:	······

\_ Plc, we hereby join in the above indemnity and undertaking and certify the person(s) who has/have

Authorised Signatory (1):\_\_\_\_\_ Authorised Signatory (2):\_\_\_\_\_

singed this statement is/are known to us and has/have signed in our presence with their normal signature(s) and agree jointly and severally to keep and forever keep indemnified the security issuer, the directors and trustees of the security issuer, 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, costs, expenses whatsoever which may be made or brought against them by reason of compliance with this request

This is to be executed by the Shareholder's Stockbrokers and Banker or Insurance Company.

Company Seal