## **FULL DEMATERIALIZATION FORM FOR MIGRATION**

To: 1	he Registrar	LULIVIATEN				
	e of Company:					
Instru	ction: Please fill out the form in n 'B' is applicable only if certific		ed lost or d	estroved		
Please	credit my account at Central Secu	rities Clearing System (	CSCS) with sh	nares from my holdings in the o		gnize this will invalidate any
	ate(s) in my possession, or which i	night come into my po	ossession in re	espect of my total holding(s) in	ı this/this company.	
SECTION SHARE	HOLDER'S FULL NAMES:					Affix
Addres	(Surname) F	irst Name, Middle Name				Passport
GSM Numbers:Reg				ld No (RIN):		Photograph
CSCS Ir	vestor's Acct Number:	Clearin	g House Num	ber(CHN):		
Bank N	ame: [	Bank Account Name:				
BVN:_	Bank Acco	ount No (NUBAN):		Email Add:		
Name	Of Stockbroker:			Stockbroker's Code		
Author	ized signature and stamp of stockb	roker	Sharehold	ler's signature	2 <sup>nd</sup> signature (if applicable)	Thumb Print
CERTIF	ICATE DETAILS					
S/N	CERTIFICATE NO. (IF ANY)	UNITS	S/I	CERTIFICATE NO. (IF ANY)	UNITS	
						Company
						\ Seal
I herel quoted never money or in d certific	ON B: INDEMNITY FOR MISPLA by request the Registrar to credit d in Section 'A' above. The holding received. I hereby, with the Gua d, losses, damages, costs and expe consequence of the said certifica tate(s) or otherwise whatsoever. It successors or assigns without co	my account at Centra s are registered in my irantor whose name h inses which may be br te(s) having been mis I further undertake an	al Securities name, and the nereunder apought agains splaced, dest	Clearing System (CSCS) with under original shares/s tocks cert opears, indemnify the said Coat, or be paid, incurred or sustingued, lost or in consequence	ificate(s) has/have been mispl empany and the Registrars aga ained by the said Company an ce of a transfer being registe	aced, lost or destroyed or was ainst all claims and demands, id /or the Registrars by reason red without surrender of the
S/N	CERTIFICATE NO. (IF ANY)	UNITS		Dated this Day of	20	
				Name:		/ Company \
		Signature:			\ Seal /	
		Joint (ii) (if applicable):				
				Joint (iii) (if applicable):		
In the	Presence of:					
Name:			GSM N	D:	Signature:	
Addres	s:					
This is	to be executed by the shareholder	's stockbroker, banker	or insurance	company.		
On beł			, , ,			or other persons acting on their
	fully indemnified against all actions ntful owner the shares/stocks, and om.					, , ,

Authorised Signatory (2):

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

( Company )