united securities

MANDATE FOR E-DIVIDEND PAYMENT

Following the passing into law by the National Assembly and the official launch of the E-Dividend payment system, all registrars have been mandated to effect payment of dividend on behalf of their client companies electronically.

The E-Dividend payment system ensures that your dividend is credited directly into the bank account of your choice within 24 hours of the payment date.

In order to prepare for this new payment procedure, we require you to kindly complete the E-Dividend form below.

PLEASE NOTE THAT THE SECTION FOR YOUR BANK ACCOUNT DETAILS HAS TO BE COMPLETED BY YOUR BANK.

Kindly return the duly completed form to the Registrar, United Securities Limited at the address stated below.

Date (DD/MM/YYYY)

Surname / Company's Name:

Other Names (for Individual Shareholder)

Present Postal Address

City State

Email Address 1:

Email Address 2:

Mobile (GSM) Phone Number

Bank Name (**SECTION TO BE COMPLETED BY YOUR BANK**)

Branch Address

Bank Account Number

Bank Sort Code

I/We hereby request that from now, all dividend warrant (s) due to me / us from my / our holdings in all the companies indicated above be mandated to my / our Bank named above.

Shareholder's Signature or Thumbprint

Shareholder's Signature or Thumbprint

Company Seal / Incorporation Number (Corporate Shareholder)

AUTHORISED SIGNATURE & STAMP OF BANKKERS

United Securities Limited. RC 126257
14, Idowu Taylor Street, Victoria Island, P.M.B 12753 Lagos, Nigeria. Tel: 234 (1) 730 0898, 7300891
Website: www.unitedsecuritieslimited.com Email: info@unitedsecuritieslimited.com

First Registrars

e-DIVIDEND/MONEY RETURN FORM

To:
The Registrar,
First Registrars Nig. Ltd.
Plot 2, Abebe Village Rd., Iganmu,
P. M.B. 12692, Marina,
Lagos.

Only Clearing Banks are acceptable

I/We hereby request that from now on, all dividend warrant(s) due to me/us from my/our holding(s) in all the companies ticked in column 1 be paid directly to my/our Bank named below.

I/We are yet to receive my/our return money/interest due to me/us in respect of the recent offer(s) of the company(ies) ticked in column 2 of the table. Please credit my account detailed below.

Shareholder's Full Name _____
Surname First

_____

Shareholder's Address _____

_____

_____

Shareholder's Email _____

GSM Number _____

Units applied for _____

Year of Purchase _____

Single Shareholder's Signature _____

Joint Shareholder's/Company Signatures

(1) _____

(2) _____

Company Seal _____

Bank Name _____

Bank Branch Address _____

_____

Bank Account Number _____

Branch Sort Code _____
(very important)

Bank's Authorised Signatures & Stamp _____

(1) _____
Please Include Page No.

(2) _____
Please Include Page No.

Please tick column 1 for the e-dividend and 2 for the e-return money /Interest

	1	2
2ND LAGOS STATE GOVT REV. BOND		
AFRICAN PAINTS PLC		
ANCHOR FUNDS		
ARM AGGRESSIVE GROWTH FUND		
ARM DISCOVERY FUND		
ASO SAVINGS AND LOANS PLC		
ASSOCIATED BUS COY. LTD (ABC)		
BANK PHB		
BCN PLC		
BEDROCK FUND		
CHAMS NIGERIA PLC		
COSTAIN (W.A) PLC		
DAAR COMMUNICATIONS PLC		
DEAP CAPITAL MANAGEMENT & TRUST PLC		
DOVE MEDIA PLC		
FAMAD PLC		
FBN HERITAGE FUND		
FIDELITY NIGFUND		
FIDELITY BANK PLC		
FIRST BANK OF NIGERIA PLC		
FRIESLAND FOODS WAMCO NIG PLC		
JAIZ INTERNATIONAL PLC		
JULI PLC		
KAKAWA GUARANTEED INCOME FUND		
LONGMAN NIGERIA PLC		
NIGERIAN BREWERIES PLC		
OANDO PLC		
OASIS INSURANCE PLC		
PARTNERSHIP CAPITAL PLC		
PRESCO PLC		
PRESTIGE ASSURANCE PLC		
PZ INDUSTRIES PLC		
RAK UNITY PLC		
STACO INSURANCE PLC		
STANBIC IBTC BANK		
STANDARD ALLIANCE INSURANCE PLC		
STANBIC IBTC ETHICAL FUND		
STARCOMS PLC		
THE IBTC GUARANTEED INCOME FUND		
THE IBTC NIGERIAN EQUITY FUND		
UNION DIAG & CLINICAL SERV. LTD		

First Registrars ... registrars of first choice

Email: info@firstregistrarsnigeria.com, ebusiness@firstregistrarsnigeria.com
Website: www.firstregistrarsnigeria.com

OCEANIC REGISTRARS

Experience peace...

226 Awolowo Road, Ikoyi, Lagos. Telephone: 01-2799780-5, 8134466, 8756813,8152470, 8138623, 8153120, 8139643, 8139771, 8149287, Fax: 01-2799783

OCEANIC

RC: 475195

MANDATE FOR e-Dividend PAYMENT

It is our pleasure to inform you that you can henceforth, collect your dividend through DIRECT CREDIT into your Bank Account. Consequently, we hereby request you to provide the following information to enable us process direct payment of your dividend (when declared) into your bank account.

Date (DD/MM/YYYY)

Surname/Company's Name

Other Names (for Individual Shareholder)

Present Postal Address

City

State

Email Address

Mobile (GSM) Phone Number

Bank Name

Branch Address

Bank Account Number

Bank Sort Code

COMPANIES

PLEASE INDICATE WHICH COMPANY YOU OWN SHARES IN

- [ ] Oceanic Bank International Plc
- [ ] Dangote Flour Mills Plc
- [ ] Cutix Plc
- [ ] Adswitch plc
- [ ]
- [ ]

I/WE hereby request that from now, all dividend warrant(s) due to me/us from my/our holding(s) in all the companies ticked above be credited to my/our Bank named above.

Shareholder's Signature or Thumbprint

Shareholder's Signature or Thumbprint

Company Seal/Incorporation Number (Corporate Shareholder)

AUTHORISED SIGNATURE & STAMP OF BANKERS

MANDATE FORM

registrars limited
a subsidiary of uac nigeria

1-5, Odunlami Street, P. O. Box 2183, Lagos.

MANDATE FOR e-Dividend PAYMENT

It is our pleasure to inform you that you can henceforth, collect your dividend through DIRECT CREDIT into your Bank Account. Consequently, we hereby request you to provided the following information to enable us process direct payment of your dividend (when declared) into your bank account.

Date (DD/MM/YYYY) ☐☐ / ☐☐ / ☐☐☐☐

Surname Company's Name

Other Names (for Individual Shareholder)

Present Postal Address

City

State

Email Address

Mobile (GSM) Phone Number

Bank Name

Branch Address

Bank Account Number

Bank Sort Code

NAME OF COMPANY IN WHICH YOU HAVE SHARES

- ☐ CAP PLC
- ☐ UACN PLC
- ☐ UNIC INSURANCE PLC
- ☐ UPDC PLC
- ☐ VITAFOAM NIG. PLC
- ☐ VONO PRODUCTS PLC

REGISTRAR'S USE

NAME: .....

SIGNATURE:.....

DATE: .....

I/WE hereby request that from now, all dividend warrant(s) due to me/us from my/our holding(s) in all the companies ticked above overleaf be credited to my/our Bank named above.

Shareholder's Signature or Thumbprint

Shareholder's Signature or Thumbprint

Company Seal/Incorporation Number (Corporate Shareholder)

AUTHORISED SIGNATURE & STAMP OF BANKERS

Please be informed that by filling and sending this form to us for processing, you have applied for the e-Dividend thereby, authorizing us to credit your account (in respect of dividends) electronically.

PLEASE COMPLETE AND RETURN TO US

7 Anthony Village Road,
Anthony,
P.M.B.10014,
Shomolu, Lagos State.
Tel: 01-2716090-4; Fax: 01-2716095
E-mail: gtb_registrars@gtbplc.com

GTB Registrars Limited
RC 642095

MANDATE FOR e-DIVIDEND PAYMENT

It is our pleasure to inform you that you can henceforth, collect your dividend through DIRECT CREDIT into your Bank Account. Consequently, we hereby request you to provide the following information to enable us process direct payment of your dividend (when declared) into your bank account.

Item

(1) **Name of Company in which shares are held.**

Date (DD/MM/YYY) __ __ / __ __ / __ __ __ __

GTB ☐ GDR ☐

Shareholder Account Number (if Known)

(2) **Surname/Company's Name**

(2.1) **Other Name (for Individual Shareholder)**

(2.2) **Present Postal Address**

(2.3) **City** **State**

(2.4) **E-mail Address**

(2.5) **Mobile (GSM) Phone Number**

(3) **Bank Name**

(3.1) **Branch Address**

(3.2) **Bank Account Number**

(3.3) **Bank Sort Code**

Please forward until further notice all future interest or dividends to which I/We become entitled for the company detailed in item 1 to the branch of the bank detailed in item 3 - 3.1.

(4)

Shareholder's Signature or Thumbprint

Shareholder's Signature or Thumbprint

Company Seal/Incorporation Number (Corporate Shareholder)

This form must be signed by ALL the registered holders, executor(s) or administrators

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

(5)

AUTHORISED SIGNATURE AND STAMP OF BANKERS

The branch stamp and signature of an authorised signatory of your bank is required to confirm that the signature(s) in box 4 is that of the shareholder(s)or an authorised signatory, before returning to the Registrars.

FinRegistrars

MANDATE FOR e-DIVIDEND PAYMENT

It is our pleasure to inform you that you can henceforth, collect your dividend through DIRECT CREDIT into your Bank Account. Consequently, we hereby request you to provide the following information to enable us process direct payment of your dividend (when declared) into your bank account.

DATE (DD / MM / YYY)

Surname/Company's Name

Other Name (for Individual Shareholder)

Surname/Company's Name (In Case of Joint Account)

Present Postal Address

City

State

E-mail Address

Mobile (GSM) Phone Number

Bank Name

Branch Address

Bank Account Number & Branch Code

Bank Sort Code

Name of Stockbroker

CSCS Account No.

Clearing House No. (CHN)

Please indicate which company you own Shares in

First Inland Bank Plc	
Capital Oil Plc	
Beta Glass Nigeria Plc	
A. G. Leventis (Nig.) Plc	
NPF Microfinance Bank Plc	
FinInsurance Co.Ltd.	
AG Homes Savings & Loans Ltd.	
Hallmark Paper Products	
Centage Savings & Loans Ltd.	
Kogi Savings & Loans Ltd.	

I/We hereby request that from now, all dividend warrant(s) due to me/us from my/our holding(s) in all the companies ticked overleaf be credited to my/our Bank named above.

Shareholder's Signature or Thumbprint

Shareholder's Signature or Thumbprint

Company Seal/Incorporated Number (Corporate Shareholder)

AUTHORISED SIGNATURE AND STAMP OF BANKER(S)

16, Amodu Ojikutu Street,
Off Bishop Oluwole Street,
P. O. Box 74155 Adeola Odeku
Victoria Island, Lagos, Nigeria.
T: (01) 8959003, 8506232
W: www.finbankplc.com

Okey Nwosu, Chairman/ Idowu Bello, Managing Director/ Dayo Famoroti, Direct/Danjuma Ocholi, Director/Nuhu Abubakar, Director/ Tony Okocha, Director/ Adamu Akali, Director/ Oliver Alawuba, Director.

E-DIVIDEND MANDATE

AFRIBANK

The Registrar,
AFRIBANK REGISTRARS LTD.
2A Gbagada Expressway,
Anthony Village Lagos.
P.M.B 12974, Lagos.
Tel: 01-2799133-4, 01-7735967, 01-7735963
Fax: 01-2799132
E-mail: afribankregistrar@yahoo.com

Dear Sir,

I/we hereby request that all dividend(s) due to me/us from my/our holding in the under-listed Company(ies) be paid directly to my/our Bank named below:

NAME OF BANK _____ **BRANCH** _____

BANK ADDRESS _____

BANK ACCOUNT NO _____

SHAREHOLDER'S FULL NAME _____ _____
SURNAME **TITLE**

_____
OTHER NAMES

FULL ADDRESS: _____

_____

CSCS NO: _____ **CHN NO:** _____

BROKER'S NAME _____

MOBILE (GSM) NO: _____ **LAND LINE:** _____

E-MAIL _____ **FAX** _____

SHAREHOLDER'S SIGNATURE(S)/COY SEAL **BANK'S AUTHORIZED SIGNATURE/STAMP**

1 _____ 1 _____

2 _____ 2 _____

PLEASE TICK AS APPLICABLE

Afribank Nig. Plc	☐
African Petroleum Plc	☐
AIL Securities Ltd	☐
Benue Cement Company Plc	☐
Golden Guinea Brewery Plc	☐
May & Baker Plc	☐
National Salt Co of Nig. Plc	☐
Nigerian Ropes Plc	☐
Transcorp Nig. Plc	☐
Universal Insurance Plc	☐

ECOBANK
TRANSNATIONAL INC.

EDC SECURITIES LIMITED
139, BROAD STREET, LAGOS
01-7301260-1

It is our pleasure to inform you that you can henceforth, collect your dividend through DIRECT CREDIT into your Bank Domiciliary Account. Consequently, we hereby request you to provide the following information to enable us process direct payment of your dividend (when declared) into your bank account.

Date (DD/MM/YYYY)

Shareholder's Account Number

Surname/Company's Name

Other Names (for Individual Shareholder)

Present Postal Address

City

State

Email Address

Mobile (GSM) Phone Number

Bank Name

Branch Address

Bank Domiciliary Account Number

Bank Sort Code

I/WE hereby request that from now, all dividend warrant(s) due to me/us from my/our holding(s) in all the companies you are Registrars to be mandated to my/our Bank named above.

Shareholder's Signature or Thumbprint

Shareholder's Signature or Thumbprint

Company Seal (Incorporated Number if Corporate Shareholder)

AUTHORISED SIGNATURE & STAMP OF BANKERS

FLOUR MILLS OF NIGERIA PLC (RC 2343)

PLEASE COMPLETE AND RETURN TO:
The Registrar,
Flour Mills Registrars Limited
45, Eric Moore Road, Iganmu (Bagco Building), Surulere
P.O. Box 341, Apapa, Lagos State.
Tel: No: 01-7732568

Dear Shareholder(s)

1 **e-DIVIDEND PAYMENT MANDATE**

In our effort to improve service delivery and to bring about greater efficiency in the payment of dividend, we wish to implement the e-dividend payment option whereby your dividend is credited directly into your bank account. Please fill the space provided below:

Name of Shareholder (Individual / Corporatee)

_____
Surname Other Names

Shareholder's Reference/ Account No [ ][ ][ ][ ][ ][ ][ ][ ]

Address: _____

_____

Name of Bank: _____ Branch: _____

Bank Code: _____

Bank Account No: [ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ][ ]

Tel. No: _____ Signature/Thumb Print _____

Bank Stamp & Authorised Signatories: _____

Date: _____ day of _____ 20 _____

2 **e-BONUS: REQUEST FOR CSCS NUMBERS**

In line with the directive of the Securities and Exchange Commission that all quoted Companies Should Implement e-bonus, please provide your CSCS No. in the space below. If you do not have a CSCS number please contact a stockbroker of your choice for necessary assistance.

STOCKBROKER'S NAME / STAMP: _____

CLEARING HOUSE NO (CHN): _____

SHAREHOLDER'S SIGNATURE / THUMB PRINT: _____

_____

SEAL OF COMPANY _____
(CORPORATE BODIES)

MERISTEM
REGISTRARS LIMITED
213, Herbert Macaulay Way,
Adekunle, Yaba,
P.O. Box 51585,
Falomo-Ikoyi,
Lagos.
Phone: 01-8920491,8920492
Fax: 01-2702361
e-Mail:info@meristemregistrars.com
Website: www.meristemregistrars.com

Get Your Dividend the Instant You Need it with e-DIVIDEND PAYMENT

MANDATE FOR DIVIDEND PAYMENT TO BANKS
(e-Dividend)

I/we hereby request that from now on, all my/our dividend warrant(s) due to me/us from my/our holding(s) in all the companies ticked at the right hand column be paid to my/our Bank named below.

Bank Name: _____

Bank Address: _____

_____

Account Number: _____

Shareholder's Full Name _____
(Surname First)

_____

Shareholder's Address: _____

_____

_____

E-mail _____

Mobile No

CSCS CHN _____ CSCS A/C NO: _____

Single Shareholder's Signature: _____

Joint Shareholder's Signature

1) _____

2) _____

If company, Authorized Signatories 1) _____

2) _____

Company Seal _____

Authorized Signature & Stamp Of Bankers _____

Sort Code | | | | | | | | | | |

Please tick as applicable

AFRINVEST EQUITY FUND	
AUSTIN LAZ LIMITED	
AIRLINE SERVICE & LOGISTICS PLC	
BERGER PAINTS NIG PLC	
CAVERTON OFFSHORE LIMITED	
CONSOLIDATED HALLMARK INSURANCE PLC	
CUSTODIAN & ALLIED INSURANCE PLC	
ENCON NIG LIMITED	
eTRANZACT	
FIDSON HEALTHCARE LIMITED	
FOOD CONCEPTS & ENTERTAINMENT PLC	
FTN COCOA PROCESSORS PLC	
MAMA CASS RESTAURANTS LIMITED	
NEIMETH INT'L PHARMS PLC	
PAINTS & COATINS MANUFACTURERS NIG PLC	
R.T. BRISCOE NIG PLC	
REGENCY ALLIANCE INSURANCE PLC	
SMART PRODUCTS NIGERIA LIMITED	
SOVEREIGN TRUST INSURANCE PLC	
TANTALIZERS PLC	
THOMAS WYATT PLC	
ZENITH ETHICAL FUND	
ZENITH EQUITY FUND	
ZENITH INCOME FUND	

e-DIVIDEND PAYMENT
Stop Solicitor Costs and Fees
Dividend Can Advantage of

Diamond Registrars Limited

Diamond Bank

E-DIVIDEND MANDATE FORM

Dear Shareholder(s)

In view of the robust developments in the financial sector, Diamond Bank Plc is pleased to introduce our e-dividend mandate to you. This is to facilitate the payment of your dividend through direct credit to your bank account irrespective of the type of account, Current/Savings. It makes dividend payment faster and safer. We advise that you take advantage of this service by supplying the information as required below and return same to us accordingly.

Please ensure you state the actual name used in purchasing the shares and the signature(s) you signed at that time and fill in BOLD print.

Thank you

Basil Aharanwa
Registrar

The Registrar
Diamond Registrars Limited
59, Ogunlana Drive
Surulere
Lagos

Please take this as authority to credit my/our under-mentioned account with any dividend payment(s) due on my/our shareholding particulars of which are stated below from the date hereof:

Shareholder's name _____

(Surname) (Other Names)

Shareholders account no(s) _____

CSCS Investor Account No. _____

CSCS Clearing House No _____

Name of Stock Broker _____

Mobile Phone Number(s) _____

Fax Number _____ E-Mail Address _____

Bank Name _____ Branch _____

Bank Account Number _____ Type of account _____

Dated this..... Day of..... 20 .....

Authorized signatory/Bank Stamp | Authorized Signatory/Bank stamp | Shareholders signature | Joint Shareholders signature

Your completed forms should be returned to Diamond Registrars Limited or any of the Diamond Bank Plc branches nearest to you.

Please note that it is very important that you clearly state your bank Name, Bank Account Number, E-mail Address and Mobile Phone Numbers to ensure proper processing of your mandate.

For more information call us on (01-2710574) or E-mail: registrar@diamondcapital.com