



DIVIDEND REQUEST FORM

Dear Sir,

I/We, _____

with account no _____

of address _____

hereby request for my dividend for the above company(ies).

AGREEMENT

I/We _____ do

solemnly swear that the dividend type _____ for the above company was never received by me/us. Based on this fact, I/We hereby request for a replacement of the dividend warrant. I/We shall return the original dividend warrant when received and also refund the dividend money if wrongfully cleared after this replacement.

Please indicate as applicable.

Kindly credit my bank account using my e-mandate details.

Kindly issue another dividend warrant to me.

EMAIL ADDRESS(ES) _____

MOBILE NUMBERS _____

Thank you.

Yours faithfully,

Tick as applic
EQUITY ASSURANCE
MTI PLC
LASACO ASSURANCE
NCR PLC
PHARMADEK O PLC
UML PLC
PARAMOUNT EQUITY
NIGERIA GLOBAL
ABACUS
MBA
INDO UNIT
LEAD UNIT TRUST
MAITAMA AMUSEMENT
INTERLINKED
THE INITIATIVES
ANINO INT'L

Shareholder's signature /Date

Joint Shareholder's signature/Date

Company seal

Kindly return the duly completed form to:

The Registrar

Apel Capital & Trust Limited(Registrars)

A: 18b, Nnobi Street, Masha Surulere, Lagos state.

T: 07046126698. 08128225828 **W:** www.apel.com.ng, **E:** info@apel.com.ng