

CONSOLIDATION / AMALGAMATION REQUEST FORM

Surname

Other Names

Consolidation and Amalgamation

<p>A Consolidation of Accounts</p> <p>Address Details</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>Telephone Number <input type="text"/></p>	<p>▶ Amalgamation of Certificates</p> <p>Address Details</p> <div style="border: 1px solid black; height: 100px; width: 100%;"></div> <p>E-mail <input type="text"/></p>
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<p>▶ CONSOLIDATION OF ACCOUNTS Kindly consolidate all my Account(s) please list the number if known to you)</p> <table border="1" style="width:100%"> <thead> <tr> <th style="width:25%">Account Number</th> <th style="width:25%">Account Number</th> <th style="width:25%">Certificate Number</th> <th style="width:25%">Certificate Number</th> </tr> </thead> <tbody> <tr> <td>1 <input type="text"/></td> <td>5 <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>2 <input type="text"/></td> <td>6 <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>3 <input type="text"/></td> <td>7 <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>4 <input type="text"/></td> <td>8 <input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Account Number	Account Number	Certificate Number	Certificate Number	1 <input type="text"/>	5 <input type="text"/>	<input type="text"/>	<input type="text"/>	2 <input type="text"/>	6 <input type="text"/>	<input type="text"/>	<input type="text"/>	3 <input type="text"/>	7 <input type="text"/>	<input type="text"/>	<input type="text"/>	4 <input type="text"/>	8 <input type="text"/>	<input type="text"/>	<input type="text"/>	<p>▶ AMALGAMATION OF CERTIFICATES Kindly amalgamate the following certificates herewith attached</p> <table border="1" style="width:100%"> <thead> <tr> <th style="width:25%">Certificate Number</th> <th style="width:25%">Certificate Number</th> <th style="width:25%">Certificate Number</th> <th style="width:25%">Certificate Number</th> </tr> </thead> <tbody> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> </tbody> </table>	Certificate Number	Certificate Number	Certificate Number	Certificate Number	<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"/>
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B Sign Here - This section must be signed for your instructions to be executed
 I/We authorise you to act in accordance with my/our instructions set out above.
 I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our securities.

<p>Individual or Security holder 1</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center;">Signature</p>	<p>Security holder 2</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div> <p style="text-align: center;">Signature</p>	<p style="text-align: center;">Day Month Year</p> <div style="border: 1px solid black; height: 30px; width: 100%; text-align: center;"> / / / </div>
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signature(s). **(Each holder affected by the change should sign.)**
Individual: This form is to be signed by the security holder, where the holding is in more than one name, all of the security holders must sign.
Joint Holding: To sign as Power of Attorney, you must have already lodged it with the registrars. Alternatively, attach a notarised copy of the Power Of Attorney to this form
Power of Attorney: Director, Company Secretary, Sole Director and Sole Company Secretary can Sign. Please indicate the office held by signing in the appropriate space.

C FOR CARDINALSTONE REGISTRARS USE ONLY

Signature Verification: Regular Irregular Differs

<p style="text-align: center;">Name</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p style="text-align: center;">Signature</p> <div style="border: 1px solid black; height: 30px; width: 100%;"></div>	<p style="text-align: center;">Day Month Year</p> <div style="border: 1px solid black; height: 30px; width: 100%; text-align: center;"> / / / </div>
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Signature Verified by: