358, Herbert Macaulay Way, Yaba, P. O. Box 9117, Marina Lagos.

Tel: +234 1 440 5107, 792 4462 E-mail: registrars@cardinalstone.com Website: www.cardinalstone.com



INDEMNITY FORM – INDIVIDUAL

Surnam	ne							AFFIX PASSPORT	
Other n								17.001 0111	
Address	5								
Certific	ate Renlacement Rec	quest and Indemnity - Inc	dividual]
certific	ate Replacement Rec		a <u>black</u> pen. Print in	Capital lette	rs inside the bo	xes			_
Α	Replacement of Certi								_
	/We do solemnly and Description of Securit	m/we are the registe	we are the registered holder(s) or certificate Number of			ring:		1	
(Shares, debentures					holdings				
		n lost or destroyed and ha ver found or received by n						earches have been made for the strar for cancellation.	•
(Certificate Number				Number of holdings				
1	the directors and trus all losses in respect th	stees of the security issue	r, the security registr ons, proceedings, de	rar, the direct	ors and officers	of the	security registrar	o indemnified the security issue from and against ade or brought against them.	,
Г	Contact Name		Telephone Nun	nber	er .		E-mail		1
		Here - This section <u>must</u> be signed for your instructions to be yidual or Security holder 1 Security holder					Socurity holder	2	
ĺ	nuividual of Security	noider 1		Security holder 2			Security holder 3		
С	n the presence of:								
,	Name:								
D	Sign Here - This section	on must be stamped, sign	ed and sealed by you	ur bankers or	your life insura	nce pro	oviders for your in	structions to be executed	1
L	Mo the above named	I hank/incurance firm ioin	in the above indom	nitu and und	ortaking and oar	+ifu +b	norson(s)]
3		bank/insurance firm join this statement is/are kno This form is to be		ve signed in	_		D.	ay Month Year]
	where the holding is in more than one name, all of the security holders must sign. To sign as Power of Attorney, you must have already lodged it with the registrars. Alternatively, attach a notarised Power of Attorney to this form							ely, attach a notarised	
_	Replacement Instruc					(Plea	se tick inside the l	box if (a) is the preferred option)
2.	Please issue a share certificate in/our name as stated above. Please credit my CSCS Account with the Underlying Shares as detailed below. Name of Shareholder: (ii) Clearing House Number (CHN):								
		firm)						Seal of Stockbroking)
	the above Indemnit	y Authorised S nent in order for us to ace	signature (1)ede to your request		Sign	nature	(2)	Firm	
F	FOR CARDINALSTO	NE REGISTRARS USE C	ONLY						
	Signature Verification	n: Regular Name/Signat	Irregular	Diffe Day	Month	Ye	ar		
	Signature Verified by	:		/	/				
		Name/Signat	ure	Day	Month	Ye	ar		1
	Request Treated by:			/	/				
		Name/Signat	:ure	Day	Month	Ye	ar		1
	Authorised by:			1	/				