

Affix  
Current  
Passport  
Photo

Please write your name at the  
back of your passport  
photograph

## E-MANDATE ACTIVATION FORM

### Instruction

**Only Clearing Banks are acceptable**

Please complete all sections of this form to make it eligible for processing and return to the address below

#### The Registrar,

#### DataMax Registrars Limited

2C, Gbagada Expressway,  
By Beko Ransome Kuti Park,  
Anthony Oke Bus Stop, Gbagada,  
P.M.B 10014, Shomolu,  
Lagos State.

I/ We hereby request that you forward until further notice, all future dividend/ interest to which I/we become entitled for the company indicated, to the branch of the Bank named below.

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Bank Name

Bank Account Number

Account Opening Date

\*

AUTHORISED SIGNATORY AND STAMP OF BANKERS

Kindly tick & quote your shareholder account no in the box below

Tick	Name of Company	Shareholder Number
<input type="checkbox"/>	AXA Mansard Insurance Plc.	<input type="text"/>
<input type="checkbox"/>	Guaranty Trust Bank Plc.	<input type="text"/>
<input type="checkbox"/>	IFC - Naija Bond	<input type="text"/>
<input type="checkbox"/>	Imperial Mortgage Bank Limited	<input type="text"/>
<input type="checkbox"/>	Kogi State Bond	<input type="text"/>
<input type="checkbox"/>	Mainstream Energy Solutions	<input type="text"/>
<input type="checkbox"/>	Seplat Petroleum Development Plc.	<input type="text"/>
<input type="checkbox"/>	Sterling Assurance (Sterling Trust Fund).	<input type="text"/>

\* The Bank stamp and signature of the authorised signatory of your bank is required to confirm that the Bank details and signature(s) is/are that of the shareholder(s) or an authorised signatory, before returning to the Registrars.

### Shareholder Account Information

\*\* Surname / Company's Name      First Name      Other Names

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Address:

<input type="text"/>
<input type="text"/>

City      State      Country

<input type="text"/>	<input type="text"/>	<input type="text"/>
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Previous Address (If any)

<input type="text"/>
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CHN (If any)

<input type="text"/>
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Mobile Telephone 1      Mobile Telephone 2

<input type="text"/>	<input type="text"/>
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Email Address

<input type="text"/>
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\*\*\* Signature(s)

<input type="text"/>
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<input type="text"/>
<input type="text"/>

Company Seal/ Incorporation Number (Corporate Shareholder)

\*\*\* The signature(s) must correspond with your specimen held in our records as any contrary signature(s) or non-existence in our records would void your request.

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

<input type="text"/>
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I/We confirm that all information supplied is to the best of my/our knowledge correct and hereby covenant to indemnify and forever keep indemnified the **security issuer, the directors, the security registrar, the directors and officers of the security registrar** from and against all losses in respect thereof and all claims, actions, proceedings, demands, cost, expenses whatsoever which may be made or brought against them by reason of compliance with this request

Help desk , Telephone No. 01-712000-11, 0700DATAMAX or send e-mail to [datamax@datamaxregistrars.com](mailto:datamax@datamaxregistrars.com)

**DATAMAX REGISTRARS LIMITED**

Website: [www.datamaxregistrars.com](http://www.datamaxregistrars.com); E-Mail: [datamax@datamaxregistrars.com](mailto:datamax@datamaxregistrars.com) or the completed form can be submitted through any GTBank nearest to you.

■ ■ DataMax Registrars Limited hereby disclaims liability or responsibility for any errors/omissions in any document transmitted electronically.