

FULL DEMATERIALIZATION FORM FOR MIGRATION

INSTRUCTION: Please fill out the form in CA	PITAL LETTERS. Sec	tion 'B' is applica	able only if certificate(s) is/are r	misplaced, lost or destroyed.	
Please credit my account at Central Securities Clearing System (CSCS) with shares from my holdings in					Affix recent
"the company". I recognize this will invalidate any certificate(s) in my possession, or which might come into my possession in respect of my total holding(s) in this/this company.					
SECTION A:					passport
SHAREHOLDER'S FULL NAMES:					photograph
ADDRESS:	ırname		First Name	Middle Name	
GSM NUMBER:		E-MAIL:			
CSCS INVESTOR'S A/C NO.: CLEARING HOUSE NUMBER(CHN):					
REGISTRAR'S ID NO (RIN):					
BANK DETAILS FOR DIRECT SETTLE	MENT				
ACCOUNT NAME: BANK:					
BANK A/C NUMBER: Must be NUBAN	1	BVN: Mu	st be confirmed by bank	AGE OF A/C: Must b	e confirmed by bank
					Thumb Print
Authorized Signature (1) (and stamp of Stockbroker) Authorized Signature (2) (and stamp of Stockbroker) Shareholder's Signature & Date (if applicable)					
S/N CERTIFICATE NO. (IF ANY)	UNITS	S/N	CERTIFICATE NO. (IF ANY)	UNITS	1
1.	UNIIS	4.	CERTIFICATE NO. (IF ANT)	UNIIS	
2.		5.			_ Company Seal
3.		6.			
SECTION B: INDEMNITY FOR A I hereby request APR Plc to credit my acco in Section 'A' above. The holdings are regis received. I hereby, with the Guarantor v losses, damages, costs and expenses by reason or in consequence of the said of the certificate(s) or otherwise whatsoev or their successors or assigns without cost,	ount at Central Se stered in my name whose name here which may be certificate(s) havi er. I further unde	ecurities Clearing e, and the origin eunder appears brought again ng been misplaa	g System (CSCS) with unit of shi al shares/stocks certificate(s) I , indemnify the said Companist, or be paid, incurred or ced, destroyed, lost or in cons	ares not covered in my share conas/have been misplaced, lost y and APR Plc against all clain sustained by the said Comequence of a transfer being re-	or destroyed or was never as and demands, money, apany and /or APR Plc gistered without surrender
CERTIFICATE DETAILS					
S/N CERTIFICATE NO. UNITS (IF ANY)	S/N CERTIFI (IF ANY	CATE NO. UNITS		his day of 20_	
1.	4.		Name:_ Sianatu	re:	Company
2.	5.			(if applicable):	Seal
3.	6.			(if applicable):	
In the Presence of:					
Name:			_GSM NO:	Signature:	
Address:					
THIS SECTION IS TO BE EXECUTED On behalf of			•	R INSURANCE COMPANY eep the company and /or the R	
acting on their behalf fully indemnified against all actions, proceedings, Liabilities, claims, losses, damages, costs and expenses in relation to or arising out of your					
accepting to re-issue to the rightful owne		ks, and to pay y	ou on demand, all payments	, losses, costs and expenses suff	ered or incurred by you in
Company Authorised Signatory (1): Authorised Signatory (2): Seal					