FULL DEMATERIALIZATION FORM FOR MIGRATION

To: The Registrar:				7A	
Name of Company:					
Instruction: Please fill out the form in Section B' is applicable only if certif			estroyed.		
Please credit my account at Central Secu certificate(s) in my possession, or which n	rities Cleaning System night come into my posi	(CSCS) with share session in respect	es from my holdings in the company sta t of my total holding(s) in this/ this comp	ted below. I recognize this any.	s will invalid any
SECTION A: SHAREHOLDER'S FULL NAMES:		13			Affix
Address:	First Name Middle Name				Passport
GSM Numbers:		Registrar's St	td No (RIN):		Photograph
GSCS Investor's Acct Number:	Clea	ring House Numb	per(CHN):		
Bank Name:	Bank Account Name:				
BVN:Bank Ac	count No (NUBAN):		Email Add:		
S. C. C. S. C.					
Name Of Stockbroker:			Stockbroker's Code		
	DATOUR 10 CP		and a second		Thumb Print
Authorised Signature and stamp of stock I	booker	Sharehold	er's Signature 2nd Si	gnature (if applicable)	
CERTIFICATE DETAILS	LUNITS	C/N	CERTIFICATE NO. (IF ANY)	UNITS	
S/N CERTIFICATE NO. (IF ANY)	UNITS	S/N	CERTIFICATE NO. (IF ANT)	ONITS	
The Recursion of the second					
					Company
		1080			seal
			15.		
MA USERIES TO STATE			S OTTER ENVIRONMENTAL STREET		STATE OF THE PARTY
				7	
SECTION B: INDEMNITY FOR MISPL I hereby request the Registrar to cree quoted Section 'A'above. The holding never received. I hereby with the Gu money, losses, damages, cost and ex or in consequence of the said certific certificate(s) or otherwise whatsover	dit my account at Cer gs are registered in m arantor whose name penses which may be cate(s) having been m	tral Securities (y name, and the hereunder app brought agains hisplaced, destro	Clearing System(CSCS) with unit of se e original shares/stocks certificate(se ears, indemnify the said Company a st, or be paid, incurred or sustained byed, lost or in consequence of a tra) has /have been misp and the Registrars again by the said Company ansfer being registered	laced, lost or destroyed or was nst all Claims and demands, and /or the Registrars by reaso I without surrender of the
or their successors or assigns withou S/N CERTIFICATE NO. (IF ANY)	t cost, fee or reward. UNITS		Dated this Day of 20	677	
Sylv CENTRICATE NO. (IT ANT)	Will District Co.		Name:		
			Signature:		(Company seal)
BO RESIDENCE	Man Bacalless		Joint (I) (of applicable):		
THE WATERWAY TO SEE THE			Joint(II) (if applicable):		
			Joint(ii) (if applicable):		
In the presence of:				en j	
Name:		GSM NO):	Signature:	
Address:					
This is to be executed by the shareholde	r's stockbrokers, banke	r or insurance cor	mpany.		
On behalf of behalf fully indemnified against all action the rightful owner the shares/stocks and	ns, proceedings, liabiliti	es, claims, losses	ointly and severally to keep the compan , damages, costs and expenses in relation sses, costs and expenses suffered or inc	on to our arising our of ye	our accepting to re issues to
therefore Authorised Signatory(1):		Authorised :	Signatory(2):		Company