



E-Dividend Mandate Activation Form

Instructions

Please complete all sections of this form to make it eligible for processing.

I / We hereby request that henceforth, all my / our Dividend Payment(s) due to me / us from my / our holdings on your records be credited directly to my / our bank details below:

Select Account Type *

Select
▼

• Please tick the applicable company

	Name of Company	Shareholder's Account Number
<input type="checkbox"/>	ACORN PET. PLC	
<input type="checkbox"/>	AFRIK PHARMACEUTICALS PLC	
<input type="checkbox"/>	AG LEVENTIS PLC	
<input type="checkbox"/>	AG MORTGAGE BANK PLC	
<input type="checkbox"/>	ARBICO NIGERIA PLC	
<input type="checkbox"/>	ASHAKACEM PLC	
<input type="checkbox"/>	BANKERS WAREHOUSE PLC	
<input type="checkbox"/>	BETA GLASS PLC	
<input type="checkbox"/>	CAPITAL HOTELS PLC	
<input type="checkbox"/>	ELLAH LAKES PLC	
<input type="checkbox"/>	EVANS MEDICALS PLC	

	Name of Company	Shareholder's Account Number
<input type="checkbox"/>	FCMB BOND 1	
<input type="checkbox"/>	FCMB BOND 2	
<input type="checkbox"/>	FCMB BOND 3	