

Please affix your
passport photograph
here

E-DIVIDEND MANDATE FORM

Please take this as your authority to credit my under-mentioned account(s) with any dividend payment(s) due on my shareholdings, which are stated below from the date hereof:

(Please it is compulsory you provide information on all the asterisked items)

* Names (in full) _____ *Shareholder's Account No(s) _____

* Bank Name: _____ *Bank Account Number _____

*Branch _____ *Signature: _____

*Telephone (s) _____ * Date: _____ E-mail: _____

Bank Authorized signatory
Name & Sign. Page Number

Bank stamp /seal

Bank Authorized Signatory
Name & Sign. Page Number

DIVIDEND REQUEST

* Name: _____

* Address: _____

*Shareholder's Sign: _____ * Phone No. _____ *Date _____

Please note, if your shares were purchased through a Stockbroker, kindly return this form with your CSCS Processed Transfer Form. In addition, copy of your valid identification material is required as an individual. Note also, for Corporate account (s), the form should be duly Sealed and signed by the current Authorized Signatory (ies) of the company.

Kindly tick the boxes identifying the company (ies) where you have shares.

- | | | | |
|---|---|--|--------------------------------|
| <input type="checkbox"/> C&I Leasing Plc. | <input type="checkbox"/> Linkage Assurance Plc. | <input type="checkbox"/> Vital Products Plc. | <input type="checkbox"/> AMCON |
| <input type="checkbox"/> Nigeria Wire Industries Plc. | <input type="checkbox"/> Diamond Bank Plc. | <input type="checkbox"/> Union Dicon Salt Plc. | |

Office Use:

Account Mandated by: _____ Authorized by: _____

Sign/Date: _____ Sign/Date: _____

Dividend Outstanding: Yes No Comment (s): _____

Approved: _____ Auth./Date: _____