

**Affix  
Current  
Passport**

(To be Stamped by Bankers)

Please write your name at the  
back of your passport  
photograph

**e-DIVIDEND MANDATE FORM**

Please note that **Only Clearing Banks** are acceptable

**INSTRUCTION**

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

**The Registrar**

Veritas Registrars Limited  
89, Ajose Adeogun Street  
Victoria Island  
Lagos.

I/We hereby request that henceforth, all my/our dividend payment(s) due to me/us from my/our holdings in all the companies ticked at the right hand column be credited directly to my/our bank detailed below:

**Bank Verification Number**

**Bank Name**

**Bank Account Number**

**Account Opening Date**

**SHAREHOLDER ACCOUNT INFORMATION**

Surname/Company Name	First Name	Other Names
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Address:**

City	State	Country
<input type="text"/>	<input type="text"/>	<input type="text"/>

**Previous Address (if any)**

**CHN (if any)**

**Mobile Telephone 1**

**Mobile Telephone 2**

**E-mail Address**

TICK	NAME OF COMPANY	SHAREHOLDER'S ACCOUNT No.
<input type="checkbox"/>	DANGOTE SUGAR REFINERY PLC	
<input type="checkbox"/>	FORTE OIL PLC	
<input type="checkbox"/>	GUINNESS NIG. PLC	
<input type="checkbox"/>	MAY & BAKER NIG. PLC	
<input type="checkbox"/>	ZENITH BANK PLC	
<input type="checkbox"/>	OSUN STATE BOND - S1	
<input type="checkbox"/>	OSUN STATE BOND - S2	
<input type="checkbox"/>	FLOUR MILLS BOND	
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
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<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		
<input type="checkbox"/>		

Shareholder's Signature or Thumbprint

Shareholder's Signature or Thumbprint

Company Seal/Incorporation No. (Corporate Shareholder)

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