## **FULL DEMATERIALIZATION FORM FOR MIGRATION**

To: The Registrar DataN Name of Company: GTBAN	87 79	P 1	SEPLAT	DataMay	2C, Gbagada Expressway, By Beko Ransome Kuti Park, Anthony Oke Bus Stop, P.M.B 10014, Shomolu,
Instruction: Please fill out the form in				DataMax Registrars Limited	Lagos State. Tel; 01- 7120008 -11, 0700DATAMA Fax: 01- 7120012
Section 'B' is applicable only if certifi	cate(s) is/are misplac	ed, lost or de	stroyed.	RC 645075	
Please credit my account at Central Secu certificate(s) in my possession, or which	urities Clearing System might come into my po	(CSCS) with sha ossession in res	res from my holdings in to pect of my total holding(s	he company stated below. I rec ) in this/this company.	ognize this will invalidate any
SECTION A: SHAREHOLDER'S FULL NAMES:					
Single Control of the	First Name, Middle Name				SCHOOLSHIPE
GSM Numbers Registrar's Id No (RIN):					Affix Passport
CSCS Investor's Acct Number: Clearing House Number(CHN):					Photograph
Bank Name					
BVN:Bank Acc					
Nama Of Stackbroken					
Name Of Stockbroker:			Stockbroker's Code		( )
Authorized signature and stamp of stockb	roker	Shareholder	do alamas i	44	Thumb Print
CERTIFICATE DETAILS	··one·	Shareholder	3 Signature	2nd signature (if applicable)	TARANG PINE
S/N CERTIFICATE NO. (IF ANY)	UNITS	5/N	CERTIFICATE NO. (IF AN	Y) UNITS	
	NAME OF THE OWNER, THE				/ Company
					Seal
+	- CATHERINA				
SECTION B: INDEMNITY FOR MISPLA I/We request the Registrar to credit my, details quoted in Section 'A' above. The destroyed and has not/have not been forever keep indemnified the security registrar from and against all losses in brought against them by reason of co to fortwith deliver up to the Registrars of	/our account at Centra e holdings are register pledge, sold or otherw issuer, the directors respect thereof and all ampliance with this rea	al Securities Cl red in my/our r wise disposed and trustees o I claims, actio	learing System (CSCS) to name, and the original shoot, or was never received the security issuer, the ns, proceedings, deman	pares/stocks certificate(s) has/h.d. I/We in consideration hereby security registrar, the directors	ave been misplaced, lost or covenant to indemnify and and officers of the security
S/N CERTIFICATE NO. (IF ANY)	UNITS	Dated	d this Day of	20	/ Company \
	min a		:		Seal )
		Joint	(ii) (if applicable):	This fo	orm is to be signed by the security
		Joint	(iii) (if applicable):		e the holding is in more than one n the security holders must sign.
In the Presence of:				uii oi	are security holders must sign.
Name:		G5M NO:_		Signature:	
Address:					
This is to be executed by the Shareho			550		
On behalf of inged this statement is/are known to u nd forever keep indemnified the securit ecurity registrar from and against all los e made or brought against them by rea:	s and nas/nave signe y issuer, the directors ises in respect therent	d in our prese and trustees of and all claims	nce with their normal si		nd severally to keep
					/ Company \
Authorised Signatory (1):		Authorised Sign	atory (2):		( Seal )