

# FULL DEMATERIALIZATION FORM FOR MIGRATION

To: The Registrar \_\_\_\_\_

Name of Company: \_\_\_\_\_

Instruction: Please fill out the form in CAPITAL LETTERS

Section 'B' is applicable only if certificate(s) is/are misplaced, lost or destroyed.

Please credit my account at Central Securities Clearing System (CSCS) with shares from my holdings in the company stated below. I recognize this will invalidate any certificate(s) in my possession, or which might come into my possession in respect of my total holding(s) in this/this company.

**SECTION A:**

SHAREHOLDER'S FULL NAMES: \_\_\_\_\_

(Surname) First Name, Middle Name

Address: \_\_\_\_\_

GSM Numbers: \_\_\_\_\_ Registrar's Id No (RIN): \_\_\_\_\_

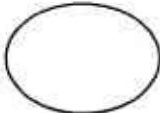
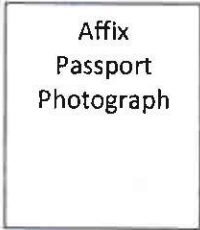
CSCS Investor's Acct Number: \_\_\_\_\_ Clearing House Number(CHN): \_\_\_\_\_

Bank Name: \_\_\_\_\_ Bank Account Name: \_\_\_\_\_

BVN: \_\_\_\_\_ Preferred Bank Account No (NUBAN) for Direct Settlement: \_\_\_\_\_

Email Address: \_\_\_\_\_

Name Of Stockbroking firm of choice: \_\_\_\_\_ Stockbroker's Code (optional) \_\_\_\_\_



Authorized signature and stamp of stockbroker \_\_\_\_\_

Shareholder's signature \_\_\_\_\_

2<sup>nd</sup> signature (if applicable) \_\_\_\_\_

Thumb Print

**CERTIFICATE DETAILS**

S/N	CERTIFICATE NO. (IF ANY)	UNITS

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**SECTION B: INDEMNITY FOR MISPLACED, LOST OR DESTROYED CERTIFICATE(S)**

I hereby request the Registrar to credit my account at Central Securities Clearing System (CSCS) with unit of shares not covered in my share certificate(s) details quoted in Section 'A' above. The holdings are registered in my name, and the original shares/s tocks certificate(s) has/have been misplaced, lost or destroyed or was never received. I hereby, with the Guarantor whose name hereunder appears, indemnify the said Company and the Registrars against all claims and demands, money, losses, damages, costs and expenses which may be brought against, or be paid, incurred or sustained by the said Company and /or the Registrars by reason or in consequence of the said certificate(s) having been misplaced, destroyed, lost or in consequence of a transfer being registered without surrender of the certificate(s) or otherwise whatsoever. I further undertake and agree that if the said Certificate(s) shall hereafter be found, to forthwith deliver up to the Registrars or their successors or assigns without cost, fee or reward.

S/N	CERTIFICATE NO. (IF ANY)	UNITS

Dated this \_\_\_\_ Day of \_\_\_\_\_ 20\_\_\_\_

Name: \_\_\_\_\_

Signature: \_\_\_\_\_

Joint (ii) (if applicable): \_\_\_\_\_

Joint (iii) (if applicable): \_\_\_\_\_



In the Presence of:

Name: \_\_\_\_\_ GSM NO: \_\_\_\_\_ Signature: \_\_\_\_\_

Address: \_\_\_\_\_

**This is to be executed by the shareholder's stockbroker, banker or insurance company.**

On behalf of \_\_\_\_\_, we hereby agree jointly and severally to keep the company and /or the Registrar or other persons acting on their behalf fully indemnified against all actions, proceedings, Liabilities, claims, losses, damages, costs and expenses in relation to or arising out of your accepting to re-issue to the rightful owner the shares/stocks, and to pay you on demand, all payments, losses, costs and expenses suffered or incurred by you in consequence thereof or arising therefrom.

Authorised Signatory (1): \_\_\_\_\_ Authorised Signatory (2): \_\_\_\_\_





This form is to be completed typewritten or handwritten in block capitals

**STOCK /SHARES TRANSFER FORM**

FOR THE CONSIDERATION Stated below the "Transferor(s)" name do hereby transfer to the "Transferee(s)" name the shares or stock specified below subject to the several conditions on which the said shares or stock are or is now held by the transferor(s) and the Transferee(s) hereby agree to accept and hold the said shares or stock subject to the conditions aforesaid.

Full Name of Company or Undertaking	
Amount or Number & Full details of Stock or Shares	<input type="text"/> Words Figures
TRANSFER FORM TRANSFEROR(S) name(s) and Address(es) in full including P. O. Box if applicable	
Consideration	
Transfer TO TRANSFEREE(S) name(s) and Address(es) if including P. O. Box if applicable	

SIGNED, SEALED AND DELIVERED by the parties to this transfer on

Date

In the presence of \_\_\_\_\_  
Signature



Name & Address

Description / Occupation

Signature of Transferor (Seller)

In the presence of \_\_\_\_\_  
Signature



Name & Address

Description / Occupation

Signature of Transferor (Seller)

In the presence of \_\_\_\_\_  
Signature



Name & Address

Description / Occupation

Signature of Transferee (Buyer)

In the presence of \_\_\_\_\_  
Signature



Name & Address

Description / Occupation

Signature of Transferee (Buyer)

Certificate cover the-mentioned shares/stock lodged with

Stock Exchange Authentication

Lodged by:



**MEGA EQUITIES LTD.**

MEMBER OF THE NIGERIAN STOCK EXCHANGE  
4AA, Force Road, By Race-Course, Onikan, P. O. Box 4349, Marina, Lagos  
☎: 01-2669746, 2665303. Fax: 2668705.  
E-mail info@megaequities.com www.megaequities.com

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The Registrar,

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Dear Sir,

**FULL DEMATERIALIZATION OF ALL MY OUTSTANDING SHARES**

Kindly take this as your authority to allow Mega Equities Ltd my Stockbrokers to process the above request on my behalf.

**SECURITIES**

- 1.
- 2.
- 3.
- 4.
- 5.

Attached is my completed full demat form.

Thank you for your cooperation.

Yours Faithfully,

\* Sign.....

Name.....