

## **E-DIVIDEND MANDATE/REPLACEMENT FORM**

Dear Shareholder,

We are pleased to advise you of our new e-dividend service, which enables direct credit of your dividend(s) [new dividend payments/lost/misplaced/ stale/unclaimed dividend warrants to your bank account regardless of the bank or account type, i.e Current/Savings Accounts.

Should you prefer this service, kindly fill the spaces provided below and return to us.

Please use the name(s) in which your shares are held, with the signature on your Application or Transfer Form.

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	eld (please tick appropriate boxes like t		
UBA Plc	West African Glass Industries Plc	Afriland Properties Plc	Personal Trust & Savings Ltd
UTC Nigeria Plc	Cement Company of Northern Nig. Plc	A & G Insurance Plc	P.S Mandrides Plc
SCOA Nigeria Plc	Cappa & D'Alberto Plc	A.R.M Life Plc	Premier Breweries Plc
NEM Insurance Plc	Champion Breweries Plc	Beco Petroleum Products Plc	☐ Tower Bond
Jaiz Bank Plc	International Breweries Plc	UNIC Insurance Plc	The La Casera Company - Corporate Bone
Abbey Mortgage Bank Plc	Roads Nigeria Plc	CAP Plc	UAC Nigeria Plc
Resort Savings and Loans Plc	ARM Properties Plc	CSCS Plc	UAC Property Development Company Plo
Transcorp Plc	Portland Paints & Products Nig. Plc	Golden Capital Plc	Adamawa State Government Bond
Computer Warehouse Group Plc	UBA Capital Plc	UBA Money Market Fund	☐ Taraba State Government Bond
UBA Balanced Fund	UBA Equity Fund	Infinity Trust Mortgage Bank Plc	Africa Prudential Registrars Plc
UBA Bond Fund	Benue State Government Bond	☐ Investment & Allied Assurance Plc	
Kaduna State Government Bond	Ebonyi State Government Bond	Omoluabi Savings & Loans Plc	
ne Managing Director/Registrar			
rica Prudential Registrars Plc	Others (please specify i	n the boxes provided)	
0B, Ikorodu Road, Palmgrove			
gos.			
Shareholder's Name*:	ementioned company(ies) the particulars of whi	(Other Names)	
Shareholder's Account N	o. (if Known):		
Address*:			
		Nobile Number*:	
Fax Number:		e-mail Address*:	
To be completed by bank	ker	Shar	reholder(s) Signature & date
Bank Name*:	E	Branch*:	
Bank Account No*:		Account Type*:	
Age of account*:			
Bank Stamp & Authoriz			
	3,		

## Note:

The provision of information on your Bank Name, Bank Account No., E-mail address and Mobile number are very important to enable us process your request. All asterisked fields (\*) are compulsory.

Shareholders in the North and South-south region of the country are advised to contact our Abuja or Port-Harcourt Liaison Office for all enquiries concerning shareholding in any of our client companies (see addresses below).

## Lagos

220B, Ikorodu Road, Palmgrove Tel: 07080606400

Abuja

11, Lafia Close, Area 8, Garki, Abuja. Tel: 09-2900873

## Port-Harcourt

Plot 137,Olu-Obasanjo Road (2nd floor), Port Harcourt, Rivers State. Tel: 084 -303457