FULL DEMATERIALIZATION FORM FOR MIGRATION

	FULL L	JEIVIA I EKIA	LIZA	ION FORIV	I FOR IVIIC	JKATION	
To: The Registrar	DataMax	Registrars Lim	ited.				2C, Gbagada Expressway, By Beko Ransome Kuti Park,
Name of Company:	GTBANK	MANSARD	SEPLA	T NOTORE	□ Dat	a Max	Anthony Oke Bus Stop, P.M.B 10014, Shomolu, Lagos State.
Instruction: Please fill out Section 'B' is applicable or			ost or de	stroyed.	DataMax	Registrars Limited RC 645075	
Please credit my account at certificate(s) in my possession							ognize this will invalidate any
SECTION A: SHAREHOLDER'S FULL NAME		ame, Middle Name					
Address:		ame, Middie Name					Affix
GSM Numbers: Registrar's Id No (RIN):							Passport
CSCS Investor's Acct Number: Clearing House Number(CHN): Photograph							
Bank Name:	Bank	Account Name:					
BVN:	Bank Account	No (NUBAN):		Email <i>A</i>	\dd:		
Name Of Stockbroker:Stockbroker's Code							
Authorized signature and stamp of stockbroker Shareholder's signature 2nd signature (if applicable) Thumb Print							
CERTIFICATE DETAILS S/N CERTIFICATE NO. (IF	: ANY)	UNITS	S/N	CERTIFICATE NO.	(IF ANY)	UNITS	
5,1.	,				`		
							Company
							(Company)
SECTION B: INDEMNITY F	OR MISPLACED	, LOST OR DESTRO	YED CER	TIFICATE(S)			
details quoted in Section 'A destroyed and has not/ha forever keep indemnified registrar from and against	n' above. The ho ve not been plea the security issu all losses in resp reason of compl	Idings are registered adder, sold or otherwise uer, the directors and ect thereof and all cliance with this reque	n my/our disposed trustees aims, act st. I/We f	name, and the orig d of, or was never re of the security issu- ions, proceedings, our urther undertake an	inal shares/stocks eceived. I/We in co er, the security req demands, costs, e and agree that if the	s certificate(s) has/h onsideration hereby gistrar, the directors expenses whatsoev	I in my/our share certificate(s) have been misplaced, lost or y covenant to indemnify and s and officers of the security ver which may be made or) shall hereafter be found, to
S/N CERTIFICATE NO. (IF	ANY)	UNITS	Dat	ed this Day of	20		(Stockbrokers) Seal
			Nai	me:			`
			Hol	der's Signature(s):			is form is to be signed by the seculder(s).
				Stockbrokers	(i):		der(s).
				orised Signatories)	(ii):		
In the Presence of:							
Name:			GSM NC):	Si	gnature:	
Address:	the Charaltal I	aulo Dankon an Incom					
This is to be executed by On behalf of_ singed this statement is/ar and forever keep indemnifie security registrar from and a be made or brought against	e known to us a ed the security is against all losses	Plc, we herel nd has/have signed i suer, the directors an s in respect thereof ar	oy join in n our pre d trustee nd all clai	the above indemnity sence with their no s of the security issues, actions, procee	rmal signature(s) uer, the security re	and agree jointly a egistrar, the directo	ors and officers of the

Authorised Signatory (2):_

Authorised Signatory (1):_