



2C Gbagada Expressway,
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 Lagos State.
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DataMax Reg. Form02

COMPANY IN WHICH INVESTMENT IS HELD

GTBANK GTBANK/GDR IMPERIAL HOMES MANSARD
 MESL IFC- BOND KOGI STATE BOND NOTORE

Full Name(s)
 of Registered
 Holding
 Registered
 Address

Shareholder's Account Number
 *

*This can be obtained from a dividend counterfoil or share certificate and should be entered if available.

Name Correction Request and Indemnity

This form must be forwarded to the Issuer's Registry.

Use a black pen. Print in Capital letters inside the boxes

A Name Correction

From: Incorrect name(s) are:

To: correct and full name(s) are:

I am/We are one and the same as the name registered on the holding.

There has been no change in beneficial ownership and I/we request my/our full and correct name(s) be corrected on the register. In consideration of the registrar amending the register I/We hereby Covenant to indemnify and forever keep indemnified the security issuer, the directors and trustees of the security issuer, the security registrar, the directors and officers of the security registrar from and against all losses in respect thereof and all claims, actions, proceedings, demands, costs expenses whatsoever which may be made or brought against them by reason of compliance with this request.

Contact Name Telephone Number-Business Hours Telephone Number-After Hours

B Sign Here - This section must be signed and witnessed for your instructions to be executed

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions with respect to My/Our securities.

Individual or security holder 1 Joint security holder 2 security holder 3
 Day Month Year
 / /

Individual: This form is to be signed by the security holder
Joint Holding: Where the holding is in more than one name, all of the security holders must sign.
Power Of Attorney: To sign as Power Of Attorney, you must have already lodged it with the registrar. Alternatively, attach a certified copy of the Power Of Attorney to this form.

C FOR DATAMAX REGISTRARS USE ONLY

Signature Verification: Regular Irregular Differs

	Name	Signature	Date
Signature Verified by:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Signature	Day Month Year
Request Treated by:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Signature	Day Month Year
Authorised by:	<input type="text"/>	<input type="text"/>	<input type="text"/>
	Name	Signature	Day Month Year