

E-DIVIDEND MANDATE

Please take this as authority to credit my under-mentioned account(s) with any dividend payment(s) due on my shareholdings, which are stated below from the date hereof:

Names (in full)		Shareholder Account Number(s)
Contact address	City	State
Bank Name and Branch		Bank Account Number
Mobile phone number	E-mail address	
Shareholders Signature		Date
Bank Authorized signatory Name & Sign. Page Number	Bank stamp /seal	Bank Authorized Signatory Name & Sign. Page Number
	tion, copy of valid identification	(s), kindly return this form with your CSCS material is required for this transaction. For an and form should be duly sealed.
To implement this for your holding	gs in other companies we manag	ge, kindly tick as appropriate
C&I Leasing PlcNigeria Wire Industries PlcFor Administrative Use Only:	☐ Linkage Assurance I☐ Diamond Bank Plc	Plc Vital Products Plc
Date received		
Action taken		
		Date
Action taken		
		Data

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