

CASHVILLE INVESTMENTS & SECURITIES LIMITED

(Member of The Nigerian Stock Exchange) v

32 Awolowo Road, Union Homes Building (2nd Floor), Ikoyi, Lagos

Tel: 01-7391473; 01-7415334 E-mail : cashvillesecurities@yahoo.com

: info@cashvillesecurities.com

Website: www.cashvillesecurities.com

CLIENT'S DATA FORM (INDIVIDUAL)

SURNAME:

OTHER NAMES:

CHN(CSCS No):.....

GENDER:

HOME ADDRESS:

POSTAL ADDRESS:

JOB TITLE:

OFFICE ADDRESS:

E-MAIL ADDRESS:.....

CITIZENSHIP: COUNTRY: CITY:

STATE/LOCAL GOVT:

PHONE NUMBER:.....DATE OF BIRTH:.....

MARITAL STATUS:

MAIDEN NAME:

NEXT OF KIN (NAME):

ADDRESS:.....

PHONE NO.:.....E:mail:.....

RELATIONSHIP:

SHARE HOLDER'S SIGNATURE:.....DATE:.....

BANK NAME:BANK SORT CODE:

BANK BRANCH ADDRESS:

BANK A/C NO: CONFIRM BANK A/C NO:

BANK A/C NAME:BVN NO:.....

DATE OF CREATION (of Bank Acct):.....(yyyymmdd)

INTRODUCED BY:.....

ACCOUNT OFFICER:.....

AUTHORISED BY COMPLIANCE:

Affix passport
photograph

WAIVER

I/We.....of.....
.....

A National of.....am (are) a
prospective shareholder(s)

in.....Plc

and I (we) hereby FREELY state that being aware of my (our) right to be issued with a share certificate (s) under sections 147 of the Companies and Allied Matter Decree 1990 and the Memorandum and Articles of Association of the said company for any (our) sole benefit and private purposes do hereby waiver the said right and also DECLARE that I (we) shall accept as sufficient certification of my (our) shareholding any memorandum to the effect delivered to me (us) by the said.....Plc

or the CENTRAL SECURITIES CLEARING SYSTEM LIMITED acting on behalf of same as satisfaction of my said under Section and Memorandum and Articles of Association aforementioned.

Date this.....day of.....2.....

SIGNED.....SEALED (COY).....

CENTRAL SECURITIES CLEARING SYSTEM LTD.

(THE CLEARING HOUSE)

PARTICULARS OF SHAREHOLDERS

CURRENT DATE: _____

MEMBER CODE: _____ CASHV _____

MEMBER NAME: _____ *CASHVILLE INVESTMENTS & SECURITIES LIMITED* _____

SHAREHOLDER'S TYPE: _____

CLEARING HOUSE NUMBER (CHIN): _____

BIRTH DATE: _____

SHAREHOLDER'S
(SURNAME): _____

OTHER NAMES: _____

MOTHER'S MAIDEN NAME: _____

CONTACT (IF CORPORATE): _____

SHAREHOLDER'S ADDRESS: _____

CITY: _____ COUNTRY: _____ POSTAL

CODE: _____ PHONE: _____ FAX: _____

REFERENCE NO: _____

COUNTRY OF ORIGIN (FOR STATISTICAL PURPOSES): _____