

SHAREHOLDERS DATA UPDATE FORM

Kindly Select the Company's in which Shares are held

- | | | |
|--|--|--|
| <input type="checkbox"/> Bemil Nigeria Limited | <input type="checkbox"/> Fumman Agric. Products & Ind. Plc. | <input type="checkbox"/> Spring Life Assurance Plc. |
| <input type="checkbox"/> Channel Petroleum Plc. | <input type="checkbox"/> Heritage Banking Company Ltd. | <input type="checkbox"/> Spring Mortgage Plc. |
| <input type="checkbox"/> Capital Oil Plc. | <input type="checkbox"/> International Energy Insurance Plc. | <input type="checkbox"/> Stokvis Nigeria Plc |
| <input type="checkbox"/> Fleet Technologies Ltd. | <input type="checkbox"/> Naturelle Extracts Plc. | <input type="checkbox"/> Nigerian Sewing Machine Plc |
| <input type="checkbox"/> | <input type="checkbox"/> Secure Electronic Technology Plc. | <input type="checkbox"/> Swap Technologies & Telecoms Plc. |
| <input type="checkbox"/> | <input type="checkbox"/> | <input type="checkbox"/> |

SHAREHOLDER'S ACCOUNT (IF KNOWN)	Title: Others	Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss. <input type="checkbox"/>	Date (D D / M M / Y Y Y Y)	CONTROL NO (Registrar's only)
--	-------------------------	---	-------------------------------------	--------------------------------------

INDIVIDUAL JOINT SHAREHOLDER CORPORATE SHAREHOLDER PLEASE COMPLETE IN BLOCK LETTERS

KEY INFORMATION:

Mobile (GSM) Phone Number	Land Phone Number
<input type="text"/>	<input type="text"/>
e-mail Address	
<input type="text"/>	

SUPPORTING INFORMATION:

STOCK BROKERS DETAILS (for E-Lodgement)

Stockbroker Name	Shareholder's CSCS A/C NO. (for E-IPO / PO and E-Bonus)
<input type="text"/>	<input type="text"/>
Stockbroker's Code	Shareholder's CHN No.
<input type="text"/>	<input type="text"/>

Surname / Company's Name
<input type="text"/>

Other Names (for individual Shareholders only)	
<input type="text"/>	
Current Postal Address	
<input type="text"/>	
City	State
<input type="text"/>	<input type="text"/>

Shareholder's Signature or Thumbprint

Shareholder's Signature or Thumbprint

Company Seal/Incorporation Number (Corporate Shareholder)
<input type="text"/>

When completed on behalf of corporate body, each signatory should state the representative capacity e.g. Company Secretary, Director etc.

This form must be signed by ALL, the registered holders, executor(s) or Administrator(s) must sign to be valid