 **OPT-IN DIVIDEND PAYMENT FORM**

**Name of shareholder**………………………………………………………………………………….......

**(As it appears on your CDSC account or share certificate)**

**ID/Passport number**………………………………………………………………………………………..

**CDS Account Number**……………………………………………………………………………………….

**(As it appears on your CDSC account or share certificate)**

**Member Account Number**…………………………………………………………………………………

**(As it appears on your CDSC Account or Share certificate)**

**Postal Address**………………………………………….. **Code**…………………………………..

**Town**………………………………………….. **Country**……………………………………………

**Email Address**………………………………………. **Mobile No** …………………………………..

**Kindly fill in your preferred options**

**Option 1:**

|  |
| --- |
|  |

**Mobile Money Transfer via Mpesa**

|  |  |  |  |  |  |  |  |  |  |  |
| --- | --- | --- | --- | --- | --- | --- | --- | --- | --- | --- |
| Registered Mobile Number |  |  |  |  |  |  |  |  |  |  |

I certify that the above information is true to my knowledge

Signature……………………………………………..Date………………………………………………..

***\* M-pesa terms and conditions shall apply***

**Option 2: Electronic Funds Transfer Option:**

**Account Name………………………………………………………………………………………………**

**Account Number………………………………………………………………………………………….**

**Name of Bank & Branch……………………………………………………………………………………**

**Bank code…………………………………………………………………………………………………….**

**Branch code…………………………………………………………………………………………………..**

**Swift code……………………………………………………………………………....................................**

I hereby authorize **HF Group PLC** to pay my dividends by electronic funds transfer to my Bank account details.

**Individual /Joint Shareholders**

**……………………………………………. ………………………………………. …………………..**

**Name Signature Date**

**………………………………………………. ………………………………………. …………………..**

**Name Signature Date**

**Corporate Shareholders**

………………………………………………. ………………………………………. …………………..

**Name Signature Date**

**Director**

………………………………………………. ………………………………………. …………………..

**Name Signature Date**

**Director/Company Secretary.**

**Declaration: I/We confirm that the details set out above are true and correct. This authority and instruction shall remain in effect until cancelled by written notice issued by me/us and received by the Company through Comp-rite Kenya Limited. In the event that the details set out above change in any way, I/we agree to cancel this authority and instruction forthwith.**

**Notes:**

1. **Please attach a copy of you ID/Passport. For Corporate entities, please also attach the certificate of incorporation and a certified Declaration confirming the indemnities of the signatories on this mandate.**
2. **If you have a CDS Account, please amend your Bank Mandate details with your stock broker.**
3. **Please fill in this form and return it to “Comp-rite Kenya Limited, 2nd Floor, Crescent Business Centre, The Crescent, Off Parklands Road. P.O Box 63428 -00619 Nairobi.”**
4. **Kindly note that the electronic details will be used for payment of outstanding and future dividends.**