CENTRAL SECURITIES CLEARING SYSTEM LTD

Initiating House (Tick as applicable)

Resident Target



The Managing Director CSCS Ltd 2/4, Customs Street Lagos

Dear Sir,

TRANSFER OF STOCK(S) REQUEST FORM

				(Resident	
	o Stoo at the use of this form shall app				
0/0			0.451		
S/N 1	Security	Unit	S/N 7	Security	Unit
2			8		
3			9		
4			10		
5			11		
6			12		
From: Accou	nt Number		Inves	cor's Name and Signature	
				cor's Name and Signature	
Го: Account В. Resident	Number stockbroking firm	ceived by us			
To: Account B. Resident We confirm	Number stockbroking firm that the request has been re	ceived by us			
To: Account B. Resident We confirm	Number stockbroking firm	ceived by us		cor's Name and Signature	
B. Resident We confirm Name/Signa	Number stockbroking firm that the request has been re cure/Stamp of MD/CEO		Inves	cor's Name and Signature	amp of Accredited Rep
B. Resident We confirm Name/Signa	Number stockbroking firm that the request has been re cure/Stamp of MD/CEO		Inves	cor's Name and Signature	amp of Accredited Rep