



## REQUEST FOR CHANGE OF ADDRESS

Kindly change my/our address in respect of my/our holdings

Date

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OLD ADDRESS

NEW ADDRESS

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Telephone: \_\_\_\_\_

E-mail: \_\_\_\_\_

NAME: \_\_\_\_\_

First

Middle

Surname

	NAME OF COMPANY IN WHICH I/WE HAVE SHARES	REGISTRAR'S USE	
		REGISTER CODE	ACCOUNT NO
1.	_____		
2.	_____		
3.	_____		
4.	_____		
5.	_____		
6.	_____		
7.	_____		
8.	_____		
9.	_____		
10.	_____		
11.	_____		
12.	_____		

Signature or Thumbprint

Signature or Thumbprint

\_\_\_\_\_  
Signature verified/Treated by

■ **Lagos**

220B, Ikorodu Road, Palmgrove  
Lagos.  
Tel: 01-8401153

■ **Abuja**

11, Lafia Close,  
Area 8, Garki, Abuja.  
Tel: 09-8701645

■ **Port-Harcourt**

Plot 137, Oluobasanjo Road  
(2nd floor), Port Harcourt,  
Rivers State.