



REQUEST FOR CHANGE OF ADDRESS

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

Date

		/			/				
--	--	---	--	--	---	--	--	--	--

OLD ADDRESS

NEW ADDRESS

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, Ikrodo 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.