



CHANGE OF ADDRESS FORM

Date: _____

Shareholder's Name: _____

Certificate No(s): _____

No. of Holding(s): _____

I wish to notify you of a change in my address from:-

to the address below:-

Thank you.

Yours faithfully,

**Shareholder's signature
 no**

Joint Shareholder's signature

Company seal/ RC

Kindly return the duly completed form to:

Tick as applicab	
EQUITY ASSURANCE	<input type="checkbox"/>
MTI PLC	<input type="checkbox"/>
LASACO ASSURANCE	<input type="checkbox"/>
NCR PLC	<input type="checkbox"/>
PHARMADEKO PLC	<input type="checkbox"/>
UML PLC	<input type="checkbox"/>
PARAMOUNT EQUITY	<input type="checkbox"/>
NIGERIA GLOBAL	<input type="checkbox"/>
ABACUS	<input type="checkbox"/>
MBA	<input type="checkbox"/>
INDO UNIT	<input type="checkbox"/>
LEAD UNIT TRUST	<input type="checkbox"/>
MAITAMA AMUSEMENT	<input type="checkbox"/>
INTERLINKED	<input type="checkbox"/>
THE INITIATIVES	<input type="checkbox"/>
ANINO INT'L	<input type="checkbox"/>

The Registrar

Apel Capital & Trust Limited(Registrars)

A: 18b, Nnobi Street, Masha Surulere, Lagos state.

T: 07046126698. 08128225828

W: www.apel.com.ng, **E:** info@apel.com.ng