

2C Gbagada Expressway, Anthony Oke Bus Stop, By Beko Ransome Kuti Park, P.M.B. 10014 Shomolu, Lagos State. Tel: 07064000751, 07064000752,

Name

## DataMax Reg. Form01

## COMPANY IN WHICH INVESTMENT IS HELD

Day

Month

Year

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| Full Name(s)   |   |  |   |               |            |                    |   |           |  | 1st o   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
| of Registered  |   |  |   |               |            |                    |   |           |  | sole  | holo   | der     |  |               |                |          |          |              |          |          |  |  |  |  |
| Hold           | ding  |  |   |               |            |                    |   |           |  |   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
| Reg            | istered   |  |   |               |            |                    |   |           |  | 2nd h   |  | ler     |  | 01.           | 1 1 . 1        |          |          |              |          |          |  |  |  |  |
| Add            | lress   |  |   |               |            |                    |   |           |  | (if an  | 'y)<br>  |         |  | Snai          | enoide         | rs Ac    | count N  | Numbe        | er<br>T  |          |  |  |  |  |
|                |   |  |   |               |            |                    |   |           |  |   | * _  |         |  |               |                |          |          |              |          |          |  |  |  |  |
|                |   |  |   |               |            | *This can b        | e ob  | tained fr | om a di  | vidend c  | ount   | terfoil | or sha   | re certi      | icate ar       | d shou   | ld be en | tered if     | availabl | е.       |  |  |  |  |
| Cha            | nge of Add  | ress Notifica  | ition   |               |            |                    |   |           |  |   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
| Λ [            | Change of   | Addrass Nat  | ification   |               | Use        | a <u>black pen</u> | . Pr  | int in C  | apital   | letters i   | insi   | de th   | e box  | es            |                |          |          |              |          |          |  |  |  |  |
|                | -   | nge of Address Notification  |   |               |            |                    |   |           |  | Now Address Potails   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
|                | Current registered (old) address.  Street Number street name  |  |   |               |            |                    |   |           | New Address Details Street Number Street name            |   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
| <b>₁</b> [     | ou cot raint  |  | Street name                                       | Street Harrie |            |                    |   |           | Street Number Street name                                |   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
|                | OR Post Office Box or other mail details (If applicable)  |  |   |               |            |                    |   | _         | OR Post Office Box or other mail details (If applicable) |   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
| Γ              | (   |  |   |               |            |                    |   |           |  |   |  |         |  |               |                |          | ,        |              |          |          |  |  |  |  |
|                | L State Post Code   |  |   |               |            |                    |   | _         | City/Town State Post Co                                  |   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
| ſ              | 31ty/ 10 WII  |  |   |               | 1 001 0040 |                    | 7   | City/Town |  |   |  |         |  | Γ             |                | Otate    | 1 001 0  | 000          |          |          |  |  |  |  |
| 2              | 2nd holder  |  |   |               |            |                    |   | _         |  |   |  |         |  |               | L              |          |          |              |          |          |  |  |  |  |
| _              | Current reg   |  |   | New           | Addres     | s D                | etails  | 5         |  |   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
| 5              | Street Numb   | er   | street name                                       | Э             |            |                    |   | _         | Stree  | Street Number Street name   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
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| -              | OR Post Office Box or other mail details (If applicable)  |  |   |               |            |                    |   | _         | OR P   | ost Offi  | ce E   | Зох о   | r other  | mail d        | etails (       | lf appli | cable)   |              |          |          |  |  |  |  |
| Γ              |   |  |   |               |            |                    |   | 7         |  |   | ost Office Box or other mail details (If applicable) |         |  |               |                |          |          |              |          |          |  |  |  |  |
| L              |   |  |   |               |            |                    |   |           |  |   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
|                | City/Town   |  | State Post Code                                   |               |            |                    |   | ٦         | City/1   | īown  |  |         |  |               | Г              |          | State    | <del>)</del> | Post C   | ode      |  |  |  |  |
| L              |   |  |   |               |            |                    |   | L         |  |   |  |         |  | L             |                |          | <u></u>  |              |          |          |  |  |  |  |
| _ [            | Contact Name  |  |   |               |            |                    |   | Teleph    | elephone Number  |   |  |         |  |               | E-mail Address |          |          |              |          |          |  |  |  |  |
|                |   |  |   |               |            |                    |   |           |  |   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
|                | -   |  | must be sign                                      | -             |            |                    |   |           |  |   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
|                |   |  | nd the registere<br>ese instructions              |               |            |                    |   |           |  | struction   | ns in  | resp    | ect to   | mv/oui        | · securi       | ties.    |          |              |          |          |  |  |  |  |
|                | We acknowledge that these instructions supersede and have priority over andividual or Security holder 1 Security holder |  |   |               |            |                    |   |           |  |   |  |         |  |               | Day Month      |          |          |              | yea      | <u>r</u> |  |  |  |  |
|                |   |  |   |               |            |                    |   |           | l l  |   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
|                |   | Sigr   | nature  |               |            |                    |   | _         | gnature  |   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
|                | (Each holder affected by the change should sign.) Individual: This form is to be signed by the security holder.         |  |   |               |            |                    |   |           |  |   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
|                | Joint Holdi   | ng:  |   |               | -          | =                  | -   |           | of the s   | e security holders must sign.   |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
| F              | Power of A  |  |   |               |            |                    |   |           |  | already lodged it with the registrar. Alternatively, attach a notarised |  |         |  |               |                |          |          |              |          |          |  |  |  |  |
| <u>(</u>       | Companies   | <u>nnies:</u> Director, Company Secretary, Sole Director and Sole Co signing in the appropriate space. |   |               |            |                    |   |           |  |   |  |         | mpany Secretary can Sign. Please indicate the office held by |               |                |          |          |              |          |          |  |  |  |  |
|                |   | Pleas  | se go to http:                                    | s://data      | maxgr      | oup.ng/leg         | al-r  | notice    | / to se  | ee info   | rm   | atio    | n abo  | ut ou         | r priva        | acv po   | olicy    |              |          |          |  |  |  |  |
| С              | FOR DAT   |  | SISTRARS U  |               |            |                    | <u>,                                     </u> | /         |  |   |  |         |  |               |                | 5        |          |              |          |          |  |  |  |  |
| <u> </u>       | Signature \   | /erification:  | Regular   |               |            | Irregular          | Γ   |           | Di   | ffers   | Г  |         |  |               |                |          |          |              |          |          |  |  |  |  |
|                |   |  | Name by:  |               |            |                    |   |           |  | Signature   |  |         |  |               |                |          | Date     |              |          |          |  |  |  |  |
| ,              | Signature \   | /erified by:   |   |               |            |                    |   |           |  |   |  |         |  |               | 1 1            |          |          |              |          |          |  |  |  |  |
|                |   |  | Name  |               |            |                    | Ţ   | Sic       | nature   | ature   |  |         |  | Day Month Yea |                |          |          |              | 'ear     |          |  |  |  |  |
|                |   |  |   |               |            |                    |   |           |  |   |  |         |  | , ,           |                |          |          |              |          |          |  |  |  |  |
| ١,             | Request Tr  | eated by:  |   |               |            |                    |   |           |  |   |  |         |  |               | /              |          | 1        |              |          |          |  |  |  |  |
| Ι΄             | - 12224 11  | <b> </b>   |   | Name          |            |                    | 1   | Sig       | nature   |   |  |         | _  | Day           | N              | lonth    |          |              | 'ear     | _        |  |  |  |  |
| Authorised by: |   | by:  |   |               |            |                    |   |           |  |   |  |         |  |               | ,              |          | ,        |              |          |          |  |  |  |  |

Signature