Affix Current Passport Photo

Please write your name at the back of your passport photograph



## **E-MANDATE ACTIVATION FORM**

nstruction Only Clearing Banks are acceptable			Kindly tick & quote your shareholder account no in the box below		
Please complete all sections of this form to make it eligible for processing and return to the address below  The Registrar,  DataMax Registrars Limited  2C, Gbagada Expressway, By Beko Ransome Kuti Park, Gbagada,			Tick	Name of Company	Shareholder Number
				AXA Mansard Insurance Plc.	
P.M.B 10007, Shomolu, Lagos State.				Guaranty Trust Bank Plc.	
I/ We hereby request that you forward until further notice, all future dividend/ interest to which I/we become entitled for the company indicated, to the branch of the Bank				Kogi State Bond Series 1	
named below. Bank Verification Number				Kogi State Bond Series 2	
				Notore Chemical Industry Plc.	
Bank Name				Seplat Petroleum Development Plc.	
ank Account Number					
Shareholder Account Inform  * Surname / Company's Name  Address:  City State  Previous Address (If any)  CHN (If any)	AUTHORISED SIGNATORY AND STA	Other Names	equired to he shareh Registrars. ** Pleas	stamp and signature of the authorised signators confirm that the Bank details and signature of the authorised signatory, before resolved in the state of the signatory of the signature of the si	re(s) is/are that of turning to the at corresponds with
Mobile Telephone 1	Mobile Telephone 2				
Email Address					
*** Signature(s)	<b>7</b>		The e		income healed the come
	When completed on be body, each signatory strepresentative capacity Secretary, Directors etc.	ber (Corporate Shareholder) ehalf of a corporate hould state the v.e.g. Company	record	ignature(s) must correspond with your spec ds as any contrary signature(s) or non-exister I void <del>your request.</del>	
indemnified the <b>security issu</b> and against all losses in resp made or brought against the	on supplied is to the best of the the directors, the sect thereof and all claims by reason of complements.	of my/our knowledgecurity registrar, ms, actions, procelliance with this re	the direction direction to the direction	et and hereby covenant to indemnify an ectors and officers of the security of demands, cost, expenses whatsoever delp desk, Telephone No. Tel: ars.com www.datamaxgroup.ng or s	registrar from which may be 07064000751,

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## DATAMAX REGISTRARS LIMITED

datamax@datamaxregistrars.com