



2C Gbagada Expressway,  
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Lagos State.  
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## DataMax Reg. Form07a

COMPANY IN WHICH INVESTMENT IS HELD

GTBANK ☐ GTBANK/GDR ☐ IMPERIAL HOMES ☐ MANSARD ☐  
MESL ☐ KOGI STATE BOND ☐

Full Name(s)	
of Registered	
Holding	
Registered	
Address	

Shareholder's Account Number  
\* 

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\*This can be obtained from a dividend counterfoil or share certificate and should be entered if available.

### Transmission Application

Use a **black pen**. Print in Capital letters inside the boxes

#### A Transmission Application

Description of Securities  
(Shares, debentures etc)

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Number of  
Securities held

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I/We claiming to be legal personal representative(s) of the above named deceased in respect of the securities described above do hereby apply to be registered as the holder(s) of the securities.

I/We agree to take and hold the securities subject to the several conditions on which they were held by the deceased.

I/We give notice that my/our name(s) and address is as stated below and request the same be entered in the register of members.

**Full name(s) of Executor(s) or Administrator(s)**

1	
2	
3	

#### Address to be Recorded on the Register

Street Number Street Name

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**OR** Post Office Box Or Other mail details (if applicable)

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City/Town

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State

--

Post Code

--

Contact Name

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Telephone Number-Business Hours

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Telephone Number-After Hours

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#### B Sign Here - This section **must** be signed for your instructions to be executed

I/We authorise you to act in accordance with my/our instructions set out above.

**All Executor(s)/Administrator(s) must sign**


**Executors/Administrations:** When the holding is in the name of an Estate, all Executors/Administrators are required to sign.

**Power of Attorney:** To sign as Power of Attorney, you must have already lodged it with that registry. Alternatively, attach a notarised photocopy of the Power of Attorney to this form.

#### C FOR DATAMAX REGISTRARS USE ONLY

Signature Verification: Regular ☐ Irregular ☐ Differs ☐

	Name	Signature	Date
Signature Verified by:			/ /
	Name	Signature	Day Month Year
			/ /
Request Treated by:			Day Month Year
	Name	Signature	Day Month Year
			/ /
Authorised by:			Day Month Year
	Name	Signature	Day Month Year
			/ /