

To:



Sterling Registrars

Pace Registrars Limited

Head Office: 24, Campbell Street,
(8th Floor) knight Frank Building, P. M. B 12735 Lagos.
Tel: 01-2806987, 01-2806988, 01-2805538

Branch Office: 110, Muntala Muhammed way, kano.

Webmail: info@paceregistrar.com
www.paceregistrars.com

CHANGE OF ADDRESS FORM

I/We hereby request that my address be changed as follows:

(OLD ADDRESS) _____

(NEW ADDRESS) _____

(MOBILE NO) _____

(E-MAIL ADDRESS) _____

Please indicate Post Office Box or Private Mail Bag No., if available.

PLEASE TICK AS APPLICABLE	
TICK X	NAME OF COMPANY
<input type="checkbox"/>	ACADEMY PRESS PLC
<input type="checkbox"/>	BIG TREAT PLC
<input type="checkbox"/>	CAPITAL TRUST BROKERS LTD.
<input type="checkbox"/>	CONTINENTAL REINSURANCE PLC
<input type="checkbox"/>	GOLDLINK INSURANCE PLC
<input type="checkbox"/>	JAPPAUL OIL AND MARITIME SERVICE PLC
<input type="checkbox"/>	NIGERIA ENERGY SECTOR FUND
<input type="checkbox"/>	OPR-REFINING & PETROCHEMICAL CHEMICAL PLC
<input type="checkbox"/>	ORIENT PETROLEUM RESOURCES LIMITED
<input type="checkbox"/>	SKY SHELTER FUND
<input type="checkbox"/>	STERLING BANK PLC
<input type="checkbox"/>	STUDIO PRESS (NIGERIA) PLC
<input type="checkbox"/>	TETRAZZINI PLC
<input type="checkbox"/>	THE FRONTIER FUND
<input type="checkbox"/>	UNION TRUSTEES

Registrar Account No: _____

Name of Stock/Shareholder: _____

Date: _____

Signature of Stock/Shareholder:

Signature for Joint/Corporate account only

Affix
Current
Passport

Write your name on the back of
your passport photograph



Formerly
Sterling Registrars

E-DIVIDEND MANDATE ACTIVATION FORM

Instruction

Only Clearing Banks are acceptable

Please complete all section of this form to make it eligible for processing and return to the address below

The Registrar,

Pace Registrars Limited RC: 248500

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I/We hereby request that henceforth, all my/our Dividend Payment(s) due to me/us from my/our holdings in all the companies ticked at the right hand column be credited directly to my / our bank detailed below:

Bank Verification Number

Bank Name

Bank Account Number

Account Opening Date

Shareholder Account Information

Surname / Company's Name First Name Other Names

Address

City State Country

Previous Address (If any)

CHN (If any)

Mobile Telephone 1

Email Address

Signature(s)

Company Seal (If applicable)

Joint/Company's Signatures

PLEASE TICK AS APPLICABLE

TICK X	NAME OF COMPANY	SHARE HOLDER'S ACCOUNT NO.
<input type="checkbox"/>	ACADEMY PRESS PLC	
<input type="checkbox"/>	BIG TREAT PLC	
<input type="checkbox"/>	CAPITAL TRUST BROKERS LTD.	
<input type="checkbox"/>	CONTINENTAL REINSURANCE PLC	
<input type="checkbox"/>	GOLDLINK INSURANCE PLC	
<input type="checkbox"/>	JAPAU OIL AND MARITIME SERVICE PLC	
<input type="checkbox"/>	NIGERIA ENERGY SECTOR FUND	
<input type="checkbox"/>	OPR-REFINING & PETROCHEMICAL CHEMICAL PLC	
<input type="checkbox"/>	ORIENT PETROLEUM RESOURCES LIMITED	
<input type="checkbox"/>	SKY SHELTER FUND	
<input type="checkbox"/>	STERLING BANK PLC	
<input type="checkbox"/>	STUDIO PRESS (NIGERIA) PLC	
<input type="checkbox"/>	TETRAZZINI PLC	
<input type="checkbox"/>	THE FRONTIER FUND	
<input type="checkbox"/>	UNION TRUSTEES	

Help Desk Telephone No/Contact Centre Information
for Issue resolution or clarification: 01-2806987, 01-2806988, 01-2805538

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