

E-DIVIDEND MANDATE MANAGEMENT SYSTEM (E-DMMS) FORM

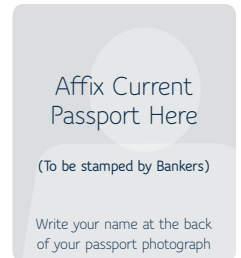
INSTRUCTION

Please fill out all compulsory(*) fields and complete all sections of this form to make it eligible for processing and return to the address below.

THE REGISTRAR

Meristem Registrars & Probate Services Limited
213, Herbert Macaulay Way, Adekunle-Yaba,
P.O. Box 51585, Falomo-Ikoyi, Lagos.

I/We hereby request that henceforth, all my/our dividend payment(s) due to me/us from my/our holdings in **FBN Holdings Plc** be credited directly to my/our bank detailed below:



Bank verification number (BVN)		
Bank name		
Bank branch		
Bank address		
Bank account number		
Account opening date		
Account type (Tick)	Current <input type="checkbox"/>	Savings <input type="checkbox"/>

SHAREHOLDER ACCOUNT INFORMATION

Surname*		First name*		Other names	
Address					
City		State		Country	
Previous address (If any)					
CHN (If any)			Email address		
Mobile number 1*			Mobile number 2*		

Signature(s)*		Joint/Company's signatories*		Company's seal*	
Authorised signature of banker			Authorised stamp of banker		