

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 State.

Affix Current
Passport Here

(To be stamped by
Bankers)

Write your name at the
back of your passport
photograph

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

Savings

SHAREHOLDER ACCOUNT INFORMATION

Surname*

First name*

Other names*

Address*

City*

State*

Country*

CHN (if any)

Previous address (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

Meristem Registrars & Probate
Services Limited

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Email: info@meristemregistrars.com