Affix Current Passport

Write your name at the back of your passport photograph

E-DIVIDEND MANDATE ACTIVATION FORM

TICK	NAME OF COMPANY	SHAREHOLDER ACCOUNT NO
	CORNERSTONE INSURANCE PLC	

Only Clearing Banks are acceptable

Instruction

Please complete all section of the forms to make eligible for processing and return to the address below

The Registrar,
Lighthouse Registrars Limited
Kingsway Building, 3rd Floor, 2/4 Davies Street
P.O. Box 60276 Lagos Nigeria.

I/We hereby request that henceforth, all my/our dividend payment due to me/us from our holdings in Cornerstone Insurance plc be credited to my/our bank detailed below:

Clearing House No

Bank Verification No

Bank Name

Bank Branch

Bank Address

Bank Account Number

Account Opening Date

Account Type (Tick) Current ☐ Savings ☐

Shareholders Account Information

Surname **First Name** **Other Names**

Address:

City State Country

Previous Address (if any)

Mobile Telephone 1 Mobile Telephone 2

Email Address

Signature(s) Company's Seal(If applicable) Joint/Company's Signatories

Help Desk Telephone No/Contact Centre Information for Issue resolution or clarification: +2348087901770