

DATE: _____

REQUEST FOR CHANGE OF ADDRESS

Kindly change my/our address in respect of my/our Holdings

NAME OF SHAREHOLDER(S)

SURNAME:

OTHER NAMES:

TICK	NAME OF COMPANY	SHAREHOLDER NUMBER
	ADSWITCH PLC	
	AFROMEDIA PLC	
	COURTEVILLE BUS. SOLUTIONS PLC	
	CUTIX PLC	
	DANGOTE FLOUR MILLS PLC	
	IMO STATE GOVERNMENT BOND	
	PLATEAU STATE GOVERNMENT BOND	
	RESOURCERY PLC	

PREVIOUS ADDRESS: _____

NEW ADDRESS: _____

PHONE NUMBER: EMAIL ADDRESS: SHAREHOLDER(S)
SIGNATURE: