

REQUEST ELECTRONIC PAYMENT OF DIVIDENDS

1. SHAREHOLDER INFORMATION	
NAME(S) IN WHICH SHARES ARE REGISTERED (PLEASE PRINT)	NEW
PHYSICAL ADDRESS	
POSTAL ADDRESS	
E-MAIL ADDRESS PHONE NUMBER (S)	
HOLDER NUMBER ID NUMBER / COMPANY REGISTRATION NO.	
2. AUTHORIZATIONS I / We hereby authorize and direct First Transfer Secretaries (FTS) to deposit or cause to be deposited any and all futu on the payable date for such dividend payments to my/our account using electronic funds transfer at the following finances. BANK INFORMATION (US DOLLAR ACCOUNTS ONLY)	
NAME(S) OF ACCOUNT (MUST BE THE SAME AS SHARE REGISTRATION)	
FINANCIAL INSTITUTION NAME BRANCH	
BRANCH CODE ACCOUNT NUMBER	
ACCOUNT TYPE CURRENT SAVINGS OTHER(SPECIFY) CURRENCY DENOMINAT	TON
4. ACKNOWLEDGEMENT AND AGREEMENT	
 I / We hereby agree and acknowledge: That FTS may act and rely on these instructions until FTS receives written notice from me/us of the revocation these instructions 30 days before payment. That this method of payment shall be at my/our own risk. That the banking details as provided above are accurate as provided by me/us and we indemnify FTS against armade as a result of inaccurate information supplied by me/us. 	
AUTHORISED SIGNATORY AUTHORISED SIGNATORY	
DESIGNATION/ CAPACITY DESIGNATION/ CAPACITY	
DATE:/	
PLEASE NOTE that the above mandate will not be accepted unless signed by the registered holder personally or his/her duly Power of Attorney has been recorded by this office In the case of joint holders, all the registered holders must sign the companies and Pension Funds, the form must be signed by the Financial Officer of the company.	
Return completed form to:	
First Transfer Secretaries (Pvt) Ltd No. 1 Armagh Avenue Eastlea Cnr Armagh Avenue/ Enterprise Road P. O. Box 11	

HARARE

Tel: 263-4-782 869 / 72 E-mail: ftsgen@mercantileholdings.co.zw