

Affix
Current
Passport
Photo



E-MANDATE ACTIVATION FORM

Please write your name at the back of your passport photograph

Instruction

Only Clearing Banks are acceptable

Please complete all sections of this form to make it eligible for processing and return to the address below

The Registrar,

Atlas Registrars Limited
34, Eric Moore Road, Iganmu (Bago Building) Surulere
P. O. Box 341, Apapa, Lagos State.

I/We hereby request that henceforth, all my/our Dividend Payment(s) due to me/us from my/our holdings in all the companies ticked at the right hand column be credited directly to my \ our bank detailed below:

Bank Verification Number

*

Bank Name

Bank Account Number

Account Opening Date

Kindly tick & quote your shareholders account no. in the box below

Tick	Name of Company	Shareholder's Account Number
<input type="checkbox"/>	FLOUR MILLS OF NIG. PLC	
<input type="checkbox"/>	NORTHERN NIG. FLOUR MILLS PLC	

* Please ensure that the name on your Bank Account corresponds with that in our records as any contrary Name(s) would void your request

Shareholder Account Information

Surname / Company's Name First Name Other Names

Address:

City

State

Country

Previous Address (If any)

CHN (If any)

Mobile Telephone 1

Mobile Telephone 2

Email Address

** Signature(s)

Company Seal/ Incorporation Number (Corporate Shareholder)

**The signature(s) must correspond with your specimen held in our records as any contrary signature(s) or non-existence in our records would void your request.

Joint/Company's Signatories

(CORPORATE BODIES)

PLEASE ATTACH BOARD RESOLUTION IN RESPECT OF BANK MANDATE

AUTHORISED SIGNATORY AND STAMP OF BANKERS

*** The Bank stamp and signature of the authorised signatory of your bank is required to confirm that the Bank details and signature(s) is/are that of the shareholder(s) or an authorised signatory, before returning to the Registrars.

I/We confirm that all information supplied is to the best of my/our knowledge correct and hereby covenant to indemnify and forever keep indemnified the **security issuer, the directors, the security registrar, the directors and officers of the security registrar** from and against all losses in respect thereof and all claims, actions, proceedings, demands, cost, expenses whatsoever which may be made or brought against them by reason of compliance with this request

Help Desk Telephone No/Contact Centre Information for Issue resolution or clarification: +234 8175425054

Atlas Registrars Limited

website: atlasregistrars.com email: atlasregistrars@yahoo.com, registrars@atlasregistrars.com

Atlas Registrars Limited hereby disclaims liability or responsibility for any errors/omissions in any document transmitted electronically.



Shareholders Data Update Form

To:
The Registrars,
Atlas Registrars Limited,
34, Eric Moore Road, Iganmu,
P.O. Box 341, Apapa
Lagos.
Nigeria.

Important! The form should be completed in CAPITAL LETTER.

Please fill in the form and return to the address above

Surname																										
First Name																										
Other Name																										
Email																										
Mobile Phone														Date of Birth (DD/MM/YYYY)												
CHN Number																										
Stockbroker's Name																										
Bank Verification Number																										
Bank Name																										
Bank Account Number																										
Current Address																										
Next of Kin																										
Next of Kin Mobile Number																										
Authorized Signatory																										