TRANSFER SECRETARIES (PTY) LTDPO Box 2401, 4 Robert Mugabe Avenue (Entrance in Burg Street), Windhoek, Namibia; tel +264 61 227647; e-mail ts@nsx.com.na;

			nber: : complete – for official use
1		(6.11 annual and 10) horoby out	harisa Transfor
l,			
Secretaries to process the following informa	•		•
of the Issuer(s) and to pay all dividends / oth			
Surname / company name			
Full names as on ID			
Identity number / Registration no			
Postal address			
Country of residence (country where you stay / where legal entity is registered)			
Citizenship (country that issues your passport / where you are registered as citizen)			
e-mail address [Please give e-mail – used for notifications] Use block letters for legibility			
Contact phone number (8h00-17h00)			
Cell number			
Electronic payments of dividends: ALL the field	ds (as below) must be completed	d AND the requested documents provide	ded. Electronic
payments can be done to a cheque or savings a			
a fixed investment, or post office or building so			the day of payment,
with a clear description e.g. "FNB DIV 53" for Fi Bank information:	rstRand Namibia Ltd dividend ni	umber 53.	
Name in which account at bank is held (usually	T		
your name)			
Bank name (e.g. FNB / Bank Windhoek)			
Branch name (e.g. Main branch)			
Branch code (<u>MUST</u> be given e.g. 281872 - shown in top right corner of cheque or ask your bank)		Account type (only Savings or Cheque account – MUST be completed)	
Account number			l
If available, I prefer to receive annual reports ar	nd notifications, etc. in elect	tronic format / by post [indicate	e choice]
I have attached all of the below:			
original certified copy of my ID – (front and OR	d back of ID) certified by Comm	issioner of Oaths	
company registration documents if compan	ny (Certificate of incorporation,	Resolution stating authorized signato	ries with certified ID
copies of authorized signatories) AND			
original cancelled cheque or original bank	letter		
AND			
proof of residency (a copy of your tax certif	ficate, a municipal bill or other p	roof of residency)	
Signature of holder:		Date:	
Yours faithfully			
Alexandrea Hendricks			

Manager

Contact: Adelheid Scholtz or Theresia Kavangelwa or Maria Amutenya [tel 061 - 227647] for