

**NTHC REGISTRARS**
**SHARE PARTICULARS**

 Name of Share (s) 

 Certificate Number (s) 
**SHAREHOLDER PARTICULARS**

 Name of Institution 

 Contact Person 

 City / Town 

 Country 

 Date Incorporation / formation 
**WOULD YOU LIKE TO RECEIVE DIVIDEND THROUGH YOUR BANK?**
 Yes
  No

I hereby mandate the Registrar to forward my dividend to :

 Name of Bank 

 Branch 

 Address of Bank 

 Account Number 

 Account Name 

 Signature 1 

 Signature 2 

 Signature 3 

 Signature 4 

 Date 
**SHAREHOLDER COMMUNICATION DETAILS**

Postal Address

 Current 

 Previous 

 Telephone 

 Fax 

 Email 
**FOR OFFICE USE ONLY**

 Received By 

 Date of Receipt 

 Updated By 

 Date of Update 

 Checklist for Update  Name  Signature

 Address  Bank Details