

CONSOLIDATION / AMALGAMATION REQUEST FORM

Surname

Other Names

Consolidation and Amalgamation

A Consolidation of Accounts

Address Details

Telephone Number

Amalgamation of Certificates

Address Details

E-mail

CONSOLIDATION OF ACCOUNTS

Kindly consolidate all my Account(s) please list the number if known to you)

Account Number	Account Number
1 _____	5 _____
2 _____	6 _____
3 _____	7 _____
4 _____	8 _____

AMALGAMATION OF CERTIFICATES

Kindly amalgamate the following certificates herewith attached

Certificate Number	Certificate Number	Certificate Number

B Sign Here - This section must be signed for your instructions to be executed

I/We authorise you to act in accordance with my/our instructions set out above.

I/We acknowledge that these instructions supersede and have priority over all previous instructions in respect to my/our securities.

Individual or Security holder 1

Signature

signature(s).

Individual:

Joint Holding:

Power of Attorney:

Security holder 2

Signature

(Each holder affected by the change should sign.)

This form is to be signed by the security holder, where the holding is in more than one name, all of the security holders must sign.

To sign as Power of Attorney, you must have already lodged it with the registrars. Alternatively, attach a notarised copy of the Power Of Attorney to this form

Director, Company Secretary, Sole Director and Sole Company Secretary can Sign. Please indicate the office held by signing in the appropriate space.

Day Month Year

 / /

C FOR CARDINALSTONE REGISTRARS USE ONLY

Signature Verification: Regular Irregular Differs

Name

Signature

Day Month Year

Signature Verified by:

 / /