

# e DIVIDEND FORM

The Registrar,  
First Registrars & Investor service Limited  
Plot 2, Abebe Village Road  
Iganmu,  
Lagos.

P.O. Box 9117, Lagos  
Tel: 01 279 9880  
Fax: 01-2714729

Dear Sir,

I/we hereby request that all dividend(s) due to me/us from my/our holding in MRS Oil Nigeria Plc be paid directly to my/our Bank named below;

NAME OF BANK	<input type="text"/>	BRANCH	<input type="text"/>
BANK ADDRESS	<input type="text"/>	<input type="text"/>	<input type="text"/>
BANK ACCOUNT NO	<input type="text"/>	<input type="text"/>	<input type="text"/>
SORT CODE	<input type="text"/>	BVN NO	<input type="text"/>
CSCS NO	<input type="text"/>		
SHAREHOLDER'S SURNAME	<input type="text"/>	TITLE	<input type="text"/>
<input type="text"/>			

## OTHER NAMES

FULL ADDRESS:

MOBILE (GSM) NO	<input type="text"/>	LAND LINE	<input type="text"/>
EMAIL	<input type="text"/>	FAX	<input type="text"/>

**SHAREHOLDER'S SIGNATURE(S)**

1.

2.

**BANK'S AUTHORISED SIGNATURE/STAMP**

3.

4.

5.

Company Seal

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Please fill out and send this form to the Registrar's address above



## ELECTRONIC ANNUAL REPORT

Please indicate if you would like to receive an e-copy of the Annual Report and Accounts of the Company. Kindly tick either of the boxes below.

YES

NO