



CSD & REGISTRY COMPANY LIMITED

REPLACEMENT OF LOST, MISPLACED AND/OR DESTROYED DEPOSITORY RECEIPT

1.0 PARTICULARS IN RESPECT OF DOCUMENT (S) SOUGHT TO BE REPLACED:

(To be filled by the Company)

Full name of Issuer of security

..... hereinafter referred to as the Company

Full description of security

Figure	Words

Full description of security

Type of Security

Depository

Certificate (s) No. (s)	Certificate Deed (s), police report (s) No.(s), Balance/ Receipts(s) No. (s) (If applicable)
.....
.....
.....

Full names of registered holder(s)
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If the security is held jointly by more than one holder write full names of each.

NOTE: For the purpose of parts 3.0 and 4.0 of this form:

- i. “document” means the certificate(s) certified deeds(s), Police reports(s), or balance/depository receipts described in part 2.0.
- ii. “the Company” means the Issuer of the security to be replaced
- iii. The Singular includes the plural and vice versa

FOR OFFICE USE ONLY	
Shareholder’s signature checked	
Commissioner of Oaths Details checked	
Board Authority dated	
Replacement Receipt No.	

2.0 INDEMNITY

(To be read with Part 1.0)

To be completed by person(s) for issue of a replacement document

To the Board of Directors,

Whereas the documents/s, has/have been misplaced, lost, destroyed or stolen;

I, the undersigned;

Name in Full:

Address in Full:

.....

(If acting in representative capacity for applicant indicate capacity)

Acting in my capacity as (.....)

On behalf of;

(Give full name and address of applicant and furnish evidence of appointment)

Name in Full:

Address in Full:

(Hereinafter referred to as the applicant)

i. hereby make application for the issue of a replacement for the document and in consideration of your issuing such a replacement undertake and agree to deliver the document to you should it ever come into my possession and agree to hold the Company, its Directors/Members, Secretary/Officers and Employees and its Transfer Secretaries (hereinafter collectively referred to as the indemnified) harmless and indemnified against any loss, liability, damages, claim, charge, expenses or cost (including legal costs on an attorney and client basis) which may be incurred or sustained by those indemnified by reasons of the issue of the aforementioned replacement or/as a result of the securities evidenced by the document being inadvertently transferred to any other person at any time.

ii. Do solemnly and sincere declare that;

a) the document has not been found despite all reasonable efforts to do so;

b) the securities evidenced by the document have not been assigned, pledged or encumbered in any way and I am/the applicant is absolutely and beneficially entitled thereto free from all encumbrances.

.....

Signature;

Full Name;

.....

Capacity;

3.0 ATTESTATION BY COMMISSIONER OF OATH

I, (full name) hereby certify that deponent acknowledges that he/she knows and understands the contents of the above declaration and that I have satisfied myself as to the identity of the above signatory by reference to Identity Card(s) Documents(s) No (s);

The above declaration was made and signed in my presence at on..... this..... day of 20.....

SIGNED and DELIVERED by the said..... }
.....who is }
known to me personally/identified to me by }
.....the latter }
being known to me personally in my presence this }
.....day of20..... }

.....

DEPONENT

BEFORE ME:

.....
COMMISSIONER FOR OATHS
.....
.....

VERIFICATION BY AN LDM

We hereby verify that the deponent to this indemnity Form is our client whose records are with us

Signed
Name of the Officer
Position
Date

LDM OFFICIAL STAMP