

This form is to be completed typewritten in block capitals.

STOCK/SHARE TRANSFER FORM

FOR THE CONSIDERATION stated below the Transferor(s) named do hereby transfer to the Transferee(s) named the shares or stock specified below subject to the several conditions on which the said shares or stock are or is now held by the Transferor(s) and the Transferee(s) do hereby agree to accept and hold the said shares or stock subject to the conditions aforesaid.

Full Name of Company or undertaking					
Amount or Number & Full Details of Stock or Shares	<div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <i>Words</i> <div style="border: 1px solid black; width: 100px; height: 20px; display: inline-block;"></div> <i>Figures</i>				
TRANSFER FORM TRANSFEROR(S) name(s) and address(es) in full including P. O. Box if Applicable	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Surname</td> <td style="width: 40%; border: none;">Others</td> </tr> <tr> <td colspan="2" style="border: none; height: 40px;"></td> </tr> </table>	Surname	Others		
	Surname	Others			
Clearing House Name					
CONSIDERATION					
TRANSFER FORM TRANSFEREE(S) name(s) and address(es) in full including P. O. Box if Applicable	<table style="width: 100%; border: none;"> <tr> <td style="width: 60%; border: none;">Surname</td> <td style="width: 40%; border: none;">Others</td> </tr> <tr> <td colspan="2" style="border: none; height: 40px;"></td> </tr> </table>	Surname	Others		
	Surname	Others			
Clearing House Name					

SIGNED, SEALED AND DELIVERED by the parties to this transfer on

In the presence of _____
Signature

Date

Name & Address

STOCKBROKING FIRM

Transferor's Signature

In the presence of _____
Signature

Name & Address

Transferee's Signature

STOCKBROKING FIRM

REGISTRAR'S A/C NO. VERIFICATION

Name & Address

A _____
Signature & Date

B _____
Signature & Date

OFFICIAL STAMP

CERTIFICATE(S) NO. _____



Kapital Care Trust & Securities Ltd.
RC 625299
 Member of The Nigerian Stock Exchange

Benin Office: 90, Akpakpava Street, (1st Floor), Beside Zenith Int'l Bank Plc, Benin City, Edo State.
Lagos Office: 7th Floor, Mandilas House, 96/102, Broad Street, Lagos. Tel: +234-803 3045 928
Abuja Office: Nigeria Re-Insurance Plaza, Basement Area, Plot 784A, Herbert Macaulay Way, C. B. D. Abuja.
Kaduna Office: 1st Floor, Room 9, Turaki Alli House, Kaduna. Tel: 062-246203-5
Postal Address: P. O. Box 1030 Marina Lagos

