

Affix Current
Passport



Write your name at the back
of your passport photograph

E-DIVIDEND ACTIVATION FROM

Only Clearing Banks are Acceptable

Instruction

Please complete all section of this form to make it eligible
For processing and return to the address below

The Registrar,

Lighthouse Registrars Limited
Kingsway Building (3rd floor), 2/4 Davies Street, Marina
P.O.Box 60276 Lagos, Nigeria.

I/We hereby request that henceforth, all my/our dividend
payments due to me/us from holdings in Lighthouse Financial
Services Plc be credited to my/our bank detailed below.

TICK	NAME OF COMPANY	SHAREHOLDER ACCOUNT NO
	CORNERSTONE INSURANCE PLC	

Bank Verification Number

Bank Name

Bank Branch and Address

Bank Account Number

Account Opening Date

Account Type (tick) Current Savings

Shareholder Account Information

Surname First Name Other Name

Clearing House No

Address:

City State Country

Previous Address (if any)

Mobile Telephone 1 Mobile Telephone 2

Email Address

Signature(s) Company's Seal (if applicable) Joint Company's Signatories

Help Desk Telephone Number/Contact Centre for Issue Resolution or Clarification: 0907- 445 - 7866