



257 HERBERT MACAULAY WAY ALAGOMEJI YABA LAGOS

SALES MANDATE FORM

DATE:

CLIENT'S NAME:

RESIDENT ADDRESS:

POSTAL ADDRESS:

EMPLOYER'S NAME OR OWN BUSINESS NAME:

EMPLOYER'S ADDRESS OR OWN BUSINESS ADDRESS:

OFFICE PHONE: HOME PHONE: MOBILE:

OFFICE E-MAIL:

PRIVATE E-MAIL:

I/We hereby authorize Rostrum Investment and Securities Limited to sell the underlisted stocks for me/us.

CSCS ACCOUNT NUMBER: INFOWARE ID:

S/N	STOCK CODE	UNITS	PRICE LIMIT	TIME LIMIT	REMARKS
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

CLIENT'S SIGNATURE: ACCOUNT OFFICER'S NAME & SIGNATURE.....

Mandate taken/issued in the presence of:

Compliance Approval/Vetting:

Name:

Signature:

Date:

PLEASE INSTRUCT US:

Do you want the sales proceeds Re-invested?

Do you want the sales proceeds paid? Amount =N=

PLEASE NOTE THAT ALL PAYMENTS ARE MADE IN CROSSED CHEQUE IN FAVOUR OF THE ACCOUNT NAME.

THANKS FOR YOUR PATRONAGE