

SECURITIES TRANSFER REQUEST

Date: (dd/mm/yyyy)

Account No:

Customer name(s): _____

CDS Account No.: _____ ID/ Passport No.: _____

To the Manager,

I/we wish to transfer my/our securities as indicated in the attached securities transfer (CDS 4A) form.

Reason(s) for the transfer

I/We indemnify NCBA Investment Bank against any claims which may arise due to the transfer of the shares contained herein, and confirm that I/we do not have any outstanding debit in my/our account.

Authorized Signature(s)

FOR OFFICIAL USE ONLY

VERIFIED BY:	CHECKED BY:	AUTHORIZED BY:
Name:		
Signature:		
Date:		