



Corpserve Registrars (Private) Limited

Address: 2nd Floor, ZB Centre, Cnr Kwame. Nkrumah & First Street, Harare Zimbabwe

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E-Mail : enquiries@corpserve.co.zw Website: www.corpserveregistrars.com

Change of Details Form

Dear Corpserve take note of the following changes to our details: Section a	Tick appropriate box <input checked="" type="checkbox"/> to indicate type change	<table border="1" style="width:100%"> <tr> <td style="width:33%">Name</td> <td style="width:33%">Address</td> <td style="width:33%">Both</td> </tr> <tr> <td colspan="3">NB: for individuals please attach certified copy of ID or last page of passport.</td> </tr> </table>	Name	Address	Both	NB: for individuals please attach certified copy of ID or last page of passport.		
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CURRENT REGISTERED DETAILS:			DETAILS TO BE UPDATED:		
Name of Shareholder			Name of Shareholder		
Shareholder No			Shareholder No		
Company Reg No			Company Reg No		
National ID No			National ID No		
Physical Address			Physical Address		
Postal Address			Postal Address		
Contact Numbers	Landline		Contact Numbers	Landline	
	Cell No			Cell No	
	E-Mail			E-Mail	

Date Signed	- - - - -	Witnesses Details: These are necessary for change of Shareholders Name only	Name	
Signature (shareholder)			Signature	

IMPORTANT: Please ensure that all details provided are correct and complete as incomplete details will delay your details being updated. Corpserve or its employees or representatives will not be held liable for incorrectly provided new details.

Bank Mandate Form

Important Note: This part should be completed by shareholders electing to receive Dividends directly into their bank account. This instruction will stand for future Dividends and can only be revoked by the shareholder in writing. Corpserve Registrars will not be held liable for any incorrect information supplied.

SECTION B

Issuers Name: (eg-Delta)	(1)	(2)	(3)
Shareholder Details		Shareholder Identification Details	
Full Name (as on register)		Nat ID No	
Physical Address		Passport No	
Postal Address		Shareholder Ref No	
E-mail Address			
Contact No	Cell	Land	
		Shareholder	Representative <i>Please tick correct box</i>

Important Note: If you are signing this form in a representative capacity, please indicate what capacity, and enclose/attach a copy of the original certificate of authorization. When signed under a Power of Attorney, the Attorney should state that he/she has not received a notice of revocation. Corpserve Share Registrars requests sight of the original copy of the Power of Attorney.

Payment Beneficiary	Shareholders	3 rd Party	NB: For 3rd party benefactor please read IMPORTANT DISCLAIMER below.		
Account Name					Required for direct crediting of payment (Local Banks Only)
Bank Name			Branch	Code	
Account No			Account Type	Savings	Current
				Other Specify	

Corpserve Registrars (**Corpserve herein after**) obliges to make such payments to your elected 3rd party beneficiary, and neither The Company nor Corpserve shall be held responsible in any way for any loss which I/we may suffer consequent upon such deposits being made pursuant to this authority & instruction. I/we confirm that the details provided above are true and correct; this instruction will remain in force until cancelled or altered, of which I (the registered shareholder) will provide a duly written & signed instruction for these effects to become valid. I/we agree that any verbal instructions will be deemed null and void and have no material effect on the current standing instructions. I/we agree that all shareholders details and dividend payment instruction alterations must be forwarded to Corpserve at least 30-days or 1-calender month prior to any dividend payment, failure of which will result in my payment processing being delayed.

I/we the undersigned confirm that the details provided above are true and correct to the best of our knowledge, and hereby irrevocably indemnify Corpserve, the Public Listed Company, their employees, directors and any elected representatives from any loss, liability, claim, charge, expense (legal or otherwise) that may arise as a result of my errors in completing this mandate form. I further indemnify those indemnified (employees, directors and elected representatives) from any loss, liability, damage or charges that may occur as a result of any fraudulent declarations of any form for the purposes of effecting the instructions on the mandate form. I/we hereby attach;

- i. A letter from the third party account holder accepting my (dividend payment) money to be deposited into their bank account by electronic transfer
- ii. Attach certified copies of both the shareholders and 3rd party benefactor's identification cards or passports last page.
- iii. Affix a company stamps to this Bank Mandate/ Change of details form. **(This is a requisite for ALL Corporate clients. ↘)**

Date	- - - - -	Reps Name	Place Stamp Here
Signees Capacity		Capacity	Office use only:
Signature		Signature	
			Date:
			Name:
			Sign:

