Affix Current Passport





Write your name at the back of your passport photograph

E-DIVIDEND MANDATE ACTIVATION FORM

	TICK	NAME OF COMPANY	SHAREHOLDER ACCOUNT NO
Only Clearing Banks are acceptable		CORNERSTONE INSURANCE PLC	
nstruction Please complete all section of the forms to make eligible for processing and return to the address below			
The Registrar, ighthouse Registrars Limited Kingsway Building, 3 rd Floor, 2/4 Davies Street P.O. Box 60276 Lagos Nigeria.			
/We hereby request that henceforth, all my/our dividend payment due to me/us from our holdings in Cornerstone insurance plc be credited to my/our bank detailed below:			
Clearing House No			
Bank Verification No			
Bank Name			
Bank Branch			
Bank Address			\neg
Bank Account Number			
Account Opening Date			
Account Type (Tick) Current Sav	rings		
urname First Name		Other Names	
Address: State		Country	
Previous Address (if any)			
Mobile Telephone 1 Email Address Signature(s) Company's Seal(If approximation of the company'		Telephone 2 Joint/Company's Sig	gnatories
Help Desk Telephone No/Contact Centre Information for Iss	sue reso	olution or clarification: +2348087	901770