

REQUEST FOR REPLACEMENT PAYMENT FORM

(Please complete form in block letters)

Please complete this form and return together with a copy of your Omang or Passport (photo ID with corresponding signature).

I _____ do hereby make oath and declare that the following payments:

| <u>CHEQUE NUMBER(S)</u> (where applicable) | <u>VALUE IN BWP</u> | <u>ISSUING COMPANY</u> |
|---|---------------------|------------------------|
| _____ | _____ | _____ |
| _____ | _____ | _____ |

issued in the name of _____

have been to the best of my knowledge and belief: (*Please delete where inapplicable)

- (a) destroyed or lost beyond hope of recovery (as in lost in the post) in the case of cheques*
 - (b) issued in the wrong or misspelt name or to bank account details that are no longer valid*
 - (c) cheques received but not deposited within 6 months of issue therefore need paying*
 - (d) been issued to a bank account that is no longer valid or having been returned by your bank*
- (Please enclose original cheque(s) for (b) and (c) along with this completed signed form)

I make the above declaration conscientiously believing the same to be true.

I therefore do hereby request **CORPSERVE BOTSWANA** to liaise with the issuing Company in order to replace these payments for the above amount being mislaid, destroyed or lost, and in consideration of the Company so doing, I hereby, for myself, my heirs, executors or administrators, indemnify the said Company against all claims and demands, money, losses, damages, cost and expenses which may be brought against or be paid, incurred or sustained by the said Company reason or in consequence of the said cheque(s) having been mislaid, destroyed or lost, or by reason or otherwise in relation thereto respectively.

I further undertake and agree if the cheque(s) shall hereafter be found, forthwith to deliver up the same or cause the same to be delivered up to:

CORPSERVE BOTSWANA, P.O. BOX 1583, AAD, GABORONE,
their successors and assigns without cost, fee or reward.

SIGNED: _____
(Shareholder)

POSTAL ADDRESS:

ID. NUMBER: _____

PHONE NUMBERS: _____

EMAIL ADDRESS: _____

(If submitted by your stockbroker)
BROKER COMPANY STAMP:

| For Use by Corpserve Botswana Only | |
|---|-------|
| CReg No.: | _____ |
| Paid via.: | _____ |
| Date replaced: | _____ |
| Authorised by: | _____ |