

Affix Current
Passport

Write your name at the
back of your passport
photograph

E-DIVIDEND ACTIVATION FORM

***This service costs N150.00 per
approved mandate per company***

Only Clearing Banks are Acceptable

Instruction

Please complete all section of this form to make it eligible
For processing and return to the address below

The Registrar,

Lighthouse Registrars Limited
2nd Floor, 39, Adeola Odeku Street, Victoria Island,
P.O.Box 60276 Lagos, Nigeria.

I/We hereby request that henceforth, all my/our dividend
payments due to me/us from holdings in Lighthouse Financial
Services Plc be credited to my/our bank detailed below.

TICK	NAME OF COMPANY	SHAREHOLDER ACCOUNT NO
	CORNERSTONE INSURANCE PLC	
	CHARTER HOUSE ASSET MGT COMPANY PLC	
	CAPITAL BANCORP PLC	

Bank Verification Number

Bank Name

Bank Branch and Address

Bank Account Number

Account Opening Date

Account Type (tick) Current Savings

Shareholder Account Information

Surname First Name Other Name

Clearing House No

Address:

City State Country

Previous Address (if any)

Mobile Telephone 1 Mobile Telephone 2

Email Address

Signature(s)

Company's Seal (if applicable)

Joint Company's Signatories

Help Desk Telephone Number/Contact Centre for Issue Resolution or Clarification: 01-271 8910