



BANKING DETAILS FORM

ABSA BANK BOTSWANA LIMITED

DIVIDEND PAYMENTS

I, _____ (insert share holder name)

currently holding _____ shares in Absa Bank Botswana Ltd hereby request that all payments that I may become entitled to in respect of this holding and any future holdings be settled by electronic transfer into my account, as detailed below, until such time as this instruction is withdrawn in writing.

I accept that any and all payments made in terms of this instruction are made at my exclusive risk, that I cannot claim interest, charges, foreign exchange losses or expenses of any nature however so arising, from Absa Bank Botswana Ltd. Should Absa Bank Botswana Ltd wish to withdraw from this arrangement at any time in the future they will advise me in writing accordingly and I accept that all payments I may be entitled to subsequent to such advisement will be made in accordance with the normal procedures for payments to shareholders in force at that time.

SIGNATURE: _____ DATE: _____

If you choose not to complete all the questions on this form, it may not be possible for us to pay you.
Please note payments can only be made to Financial Instructions that are part of the BOB Clearing System.
Personal information will not be disclosed to any other parties.

Please complete in block letters and email to investor@dss.co.bw

(See further details at the bottom of the page)

SHAREHOLDER'S NAME: _____

Contact phone no: _____

Email address: _____

BANK NAME: _____

BRANCH NAME: _____

BANK BRANCH NO:
(Six digits)

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Payments cannot be made to VISA CARD, BANKCARD, OR MASTERCARD accounts; payments can only be made to bank accounts.

ACCOUNT NO:

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Direct payments can only be made to banks who participate in the electronic clearing system and not to Building Societies or other financial institutions at this time.

ACCOUNT NAME: _____

TYPE OF ACCOUNT: _____

BWinvestorenquiries@absa.africa

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