

REQUEST FOR REPLACEMENT PAYMENT FORM

(Please complete form in block letters)

Please complete this form and return to investor@dss.co.bw together with a copy of your Omang or Passport (photo ID with corresponding signature).

I _____ do hereby declare that the following payments issued by _____ (the Company):

<u>PAYMENT NUMBER</u>	<u>VALUE IN BWP</u>	<u>COMMENTS</u>
_____	_____	_____
_____	_____	_____
_____	_____	_____

issued in the name of _____

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

- (a) issued but not received due to outstanding KYC or incorrect details provided *
- (b) issued to bank account details that are no longer valid *
- (c) issued and paid by EFT but then returned by the bank (possibly due to account suspension) *

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

I therefore do hereby request Investor Management Services to liaise with the issuing Company in order to replace these payments for the above amount being outstanding, 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 or by reason otherwise in relation thereto respectively.

SIGNED: _____
(Holder)

POSTAL ADDRESS: _____

ID. NUMBER: _____

PHONE NUMBERS: _____

EMAIL ADDRESS: _____
(If submitted by your stockbroker)

BROKER COMPANY STAMP:

For Use by Investor Management Services Only

CReg No.: _____

Date replaced: _____

Authorised by: _____