

National Bank of Malawi

Company in which Investment is Held

Old Mutual Plc

Full Names of the registered shareholder:

Email address

Passport Number OR Driving License Number

Shareholder Reference Number (SRN)

All Correspondence to:
National Bank of Malawi
Reg No 1482
FMS Department
Cnr Victoria Avenue and Henderson Street
PO Box 1438, Blantyre
Malawi
Telephone: +265 1 823 483/820 900
Fax: +265 1 820 054
E-mail: nbminvestment@natbankmw.com

Direct Credit – Bank Account Details

Please read the attached instructions carefully before completing this form

Use a **black pen**. Print in **CAPITAL** letters inside the boxes.

A B C 1 2 3

A Request for Direct Crediting of Payments

Name in which account is held: (eg. John Smith)

Account Number:

Branch Code: (eg. 051211)

Name of Malawian bank

Name of branch or suburb or town

Type of account (eg. cheque, savings, etc.)



DO NOT USE YOUR CREDIT CARD NUMBER

If you are unsure of your account number or branch code, please check with your bank or building society.

B Sign here – In order for your instructions to be executed, this section must be signed and accompanied by an original certified copy of your passport. Please attach an original certified copy of your bank statement or request your bankers to complete the Bank Verification section on the back of this page (Block C).

I/We authorise you to act in accordance with my/our instructions set out above. I/We acknowledge that these instructions supersede and have priority over all previous instructions relating to payments to which I/we am/are entitled to be paid in cash, but do not override any previous Reinvestment Plan instructions.

Individual or First-mentioned shareholder

Contact tel. number and area code during working hours

Capacity:

If you are signing this form in a representative capacity, please indicate in which capacity. Please enclose an original certified proof of authorisation.

Note: when signed under a Power of Attorney, the attorney states that he/she has not received a notice of revocation. National Bank of Malawi requires sight of an original certified copy of the Power of Attorney.

Day Month Year

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C 3rd Party Direct Credit Mandate – Bank Account Details

I/We, _____ the undersigned, hereby authorise and instruct the Company and National Bank of Malawi to pay all amounts that may hereafter, from time to time, become due and payable to me/us by the Company by depositing the same at the bank mentioned below for the credit of my beneficiary's account detailed below.

I/We understand and agree that any such deposit shall constitute a full and sufficient discharge of the Company's and National Bank of Malawi's obligations to make such payments to my beneficiary (THIRD PARTY ACCOUNT) and neither the Company nor National Bank of Malawi shall be responsible in any way for any loss which we may suffer consequent upon such deposits being made pursuant to this authority and instruction.

We confirm that the details set out below are true and correct. This authority and instruction will remain in full force and effect until cancelled by written notice given by me/us and received by the Company through National Bank of Malawi. In the event that the details set out below should change in any way, I/we agree to cancel authority and instruction forthwith.

By attesting my signature on this form, I/We, _____ [full names] hereby confirm that the details provided herein are true and correct. I hereby irrevocably indemnify and hold harmless **National Bank of Malawi and Old Mutual PLC**, their employees, directors, officers and secretaries respectively ("**those indemnified**"), from any loss; liability, damage, claim, charge, expense or cost (including legal costs on an attorney and own client base) which may be incurred or sustained by those indemnified as a result of my instructions in this mandate form, to effect dividend payments into my account or the appointed representative's nominated account. I further indemnify those indemnified for any loss, liability, damage, expense or charge that may arise as a result of any fraud or falsifications of information provided on the attached form for the purposes of effecting the instruction on the mandate form.

Important:

1. Please attach a letter from the third party account holder accepting your money to be deposited in his/her bank account,
2. attach an original certified copy of the registered shareholder's identification,
3. attach an original certified copy of your (third party account holder's) proof of identity.

Name in which account is held: (eg. Jane Smith)

Account Number:

Branch Code: (eg. 051211)

Name of Malawian bank

Name of branch or suburb or town

Type of account (eg. cheque, savings, etc.)

Signature of Shareholder

Day Month Year

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D Bank Verification (Before returning this form, this section must be completed by your bank) to verify that the information in section A or D are correct

I / We confirm that the above information in (mark with an "X"):

Section A

OR

Section C

on the client's account at this Bank / Building Society is correct.

Bank Stamp

Signature and capacity