

Name of Transferor: _

Bahamas Central Securities Depository 2nd Floor Fort Nassau Centre British Colonial Hilton Suite # 202 P. O. Box N-9307, Nassau, Bahamas

Telephone: (242) 322-5522/3 Facsimile: (242) 356-3613 Email: info@bahamascsd.com Website: www.bcsd.bs

Affidavit of Transfer Request

I/We/the Company/the Trust as the registered owner of the below mentioned securities hereby swear that the following information to the best of my/our knowledge is the truth, the whole true and nothing but the truth. Any information supplied that is not truthful or is otherwise misleading is an act of fraud and is subject to the full extent of the laws of The Commonwealth of The Bahamas.

	Requesting the tran	sfer of:(# of sha	ares) (Clas	Shares o s of share)	f:	(Company)
	Purpose of Transaction	on: (tick one – if ot				, , , , , , , , , , , , , , , , , , , ,
	•	Death ☐ Div		☐ Brokerage		
	Other (specify):					
	Name of Transferee	(s):				
				are more than one transf n/entity receiving the sha		ionship to any of them differs .)
	☐ Self ☐ Parent	☐ Minor child or c	children	Adult child or children	☐ Spouse	Grandparent
	☐ Other (specify):					
I/We/the Com Bank of The E securities; and securities; that there are no of Further I/We/t The Bahamas Commission of hold the Tran- denial accepta	Sahamas to sell Baham d that the individual/en at these securities are rother pending instruction the Company/the Trust and agree to furnish up of The Bahamas, The Esfer Agent nor the Comance delay or postpone	namian, or are Perrian Securities; and tity indicated in the not pledged or hypons which would go agree to be bound upon request any fusahamas Internation mpany liable nor rement on these presents.	manent Residents I I/We/the Compare e accompanying Cothecated to any overn or impact the d by the terms and urther information onal Securities Excesponsible for any sents or accompany	with the unrestricted righy/the Trust make have the trificate/Power of Attorither entity not disclosed be securities. If procedures of the Train or documentation requires action relating these in	the authority to given rney Form is/are to in the accompany nsfer Agent and be ed by the Transfer ent of The Common structions including	the written permission of the Central rewritten instruction concerning these the ultimate beneficial owner of these ring Power of Attorney Form; and that by the Laws of The Commonwealth or Agent, the Company, The Securities onwealth of The Bahamas and will not go but not limited to any the accuracy disettlement on these securities.
Name/s:				Signature/s:	0:(-) -(shareholder (joint if applicable)
Address:				Witness:	cial Institution / Se	snarenoider (joint if applicable) al of Notary Public Should be affixed an
Telephone:			-			
E-Mail:						
Note: This form	does not furnish proof e followed, the appropr	of beneficial owner	ship nor does it gi luding but not limit	ve the authority to transfed to the following: Power	er or sell securitie er of Attorney, Sha	s by itself. In order for the above are Certificate, Loss Indemnity, must