

SHAREHOLDER MAINTENANCE FORM

Shareholder Name:

Shareholder Name:

NIB Number:

NIB Number:

Passport Number:

Passport Number:

Phone Contact (Home):

Phone Contact (Home):

Phone Contact (Mobile):

Phone Contact (Mobile):

Phone Contact (Work):

Phone Contact (Work):

Email Address:

Postal Address:

New Dividend Payment Instructions:

Bank Name:

Bank Branch:

Account Number:

Name on Account:

Please tick if you wish for **ALL** of your securities (shares) to be updated with the above instructions.

OR

Please indicate by ticking which securities (shares) you would like us to apply your new dividend payment instructions:

<input type="checkbox"/> ARAWAK PORT DEVELOPMENT LTD.	<input type="checkbox"/> EMERA DR	<input type="checkbox"/> CABLE BAHAMAS LTD.
<input type="checkbox"/> COMMONWEALTH BANK LIMITED	<input type="checkbox"/> J S JOHNSON	<input type="checkbox"/> COLINA HOLDINGS
<input type="checkbox"/> COMMONWEALTH BREWERY LTD.	<input type="checkbox"/> FAMGUARD ORD	<input type="checkbox"/> FINCO
<input type="checkbox"/> FOCOL HOLDINGS LIMITED	<input type="checkbox"/> FIDELITY BANK	<input type="checkbox"/> Other (Please Specify)

NOTE: IF SECURITIES ARE NOT INDICATED ALL WILL BE UPDATED.

Signatures:

(IF JOINT ACCOUNT ALL MUST SIGN)

PLEASE PROVIDE A COPY OF TWO GOVERNMENT ISSUED IDENTIFICATIONS ALONG WITH THIS FORM