

To: The Company Secretary
New Vision Printing and Publishing Company Limited
Plot 19/21 1st Street, Industrial Area
P.O Box 9815
Kampala

Re: Dividend Payment Mandate

I hereby instruct you to update your records and pay any dividend due to me/us to the details provided below:

NAME OF SHAREHOLDER

CERTIFICATE NUMBER

ADDRESS

TELEPHONE NO

EMAIL

NAME OF BANK

BRANCH

ACCOUNT NAME

ACCOUNT NUMBER

I also hereby agree to indemnify New Vision Printing and Publishing Company Ltd. against all claims, losses, damages or costs which may be incurred by the Company in consequence of honouring my/our instructions.

SIGNATURE:

DATE:
