

INDEMNITY FOR CERTIFICATE LOST OR DESTROYED OR NOT RECEIVED

FOR USE BY REGISTRAR ONLY
 Loss noted in
 Register.....
 Duplicate Issued.

To the Directors of _____ (Name of Security)



The original certificate(s) of title relating to the under-mentioned securities of the above-named company has/have been *lost/destroyed/not been received (delete as appropriate)*.

Neither the securities nor the certificate(s) of title thereto has/have been transferred, charged, lent or deposited or dealt with in any manner affecting the absolute title thereto and the person(s) named in the said certificate(s) in/are the person(s) entitle to be on the register in respect of such securities.



I/We request you to issue duplicate certificate(s) of title of such securities and in consideration of your doing so, undertake (jointly and severally) to indemnify you and the company against all claims and demands (and any expenses thereof) which may be made against you or the company in consequence of your complying with this request and of the company permitting at any time hereafter a transfer of the said securities, or any part thereof, without the production of the said original certificate(s).

I/We undertake to deliver to the company for cancellation the said original certificate(s) should the same ever be recovered.


PARTICULARS OF CERTIFICATE (S) LOST OR DESTROYED OR NOT RECEIVED

Number of Certificate(s)	Number of Shares	Date of Issue of Certificate(s)	Registered Shareholder(s) Name(s), Address & Tel No.
			 

Dated atthisday of20.....

 Signature(s) of Shareholder(s) 

Tel:

 Signature of Witness


Name in full

Email address (if any)


(Block Capitals)

Occupation

Address.....

 I/We of
 hereby join the registered shareholder in the indemnity.

Signature(s) of indemnifier(s)

 Signature of Witness

Name in full

(Block Capitals)

Occupation

Address.....

PLEASE COMPLETE IMMEDIATELY AND MAIL IT TO:
 THE REGISTRAR, NTHC LIMITED
 P. O. BOX KIA 9563 AIRPORT-ACCRA

- Witness must be a Commissioner for Oaths, a Private Legal or Medical Practitioner, Chartered Accountant, Senior Public Servant or Senior Bank Official.

NB: Please complete **ONLY** the portions that have been marked "  "