



16. APPLICATION FORM

Application List Opens Wednesday, 19 March, 2008	 Offer for Subscription 350,000,000 Ordinary Shares of 50 kobo each at ₦5.20 per share PAYABLE IN FULL ON APPLICATION Issuing House/Financial Adviser:  Advisory Partners Limited	Application List Closes Monday, 31 March, 2008
Applications must be made in accordance with the instructions set out on the back of this application form. Care must be taken to follow these instructions as applications that do not comply may be rejected. If you are in any doubt, please consult your Stockbroker, Accountant, Banker, Solicitor or any other professional adviser for guidance.		
DECLARATION <input type="checkbox"/> I/We am/are 18 years of age or over. <input type="checkbox"/> I/We authorise you to send a share certificate and/or cheque for any amount overpaid by Registered post to the address given below and to procure registration in my/our name as the holder(s) of such number of shares or such smaller number, as aforesaid. <input type="checkbox"/> I/We declare that I/we have read a copy of the Prospectus for the Offer dated 22 January, 2008 issued by the Issuing House/Financial Adviser on behalf of Custodian and Allied Insurance Plc.		
GUIDE TO APPLICATION Number of units applied for: 1000 minimum Subsequent multiples of 100	Amount payable ₦5,200.00 ₦ 500.00	Date (DD/MM/YYYY) / / 2008
Number of Units Applied for:		Value of units applied for / Amount Paid N
1. INDIVIDUAL / CORPORATE APPLICANT PLEASE COMPLETE IN BLOCK LETTERS		
Title: <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss <input type="checkbox"/> Others		
Surname / Company's Name		
Other Names (for individual applicant only)		
Full Postal Address		
City State		
Land Phone Number Mobile (GSM) Phone Number		
Email Address		
Next of Kin		
CSCS NO (if you want shares allotted credited to your CSCS A/C) Clearing House No (CHN)		
Stockbroker's Name:		
2. JOINT APPLICANT Title : <input type="checkbox"/> Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Miss		
Surname		
Other Names		
2. BANK DETAILS (for E-Dividend/E-RETURN) Bank Name: Bank Name: Bank Account No:		
Signature or Thumbprint	Signature or Thumbprint	Company Seal & Incorporation Number (Corporate Applicant)
Stamp of Receiving Agent		5352064409