

Application List Opens
Thursday,
20 March, 2008



Application List Closes
Monday,
31 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:

CHAPEL HILL

Advisory Partners Limited

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

- ☐ I/We am/are 18 years of age or over.
☐ 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.

- ☐ I/We attach the amount payable in full on application for the number of shares in Custodian and Allied Insurance Plc. at ₦5.20 per share.
☐ I/We agree to accept the same or any smaller number of shares in respect of which allotment may be made upon the terms of the Prospectus and subject to the Memorandum and Articles of Association of Custodian and Allied Insurance Plc.
☐ I/We declare that I/we have read a copy of the Prospectus for the Offer dated xx 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
₦ 520.00

Date (DD/MM/YYYY)

/ 2 0 0 8

CONTROL NO: (Registrar's use only)

Number of Units Applied for:

Value of units applied for / Amount Paid

₦

1. INDIVIDUAL / CORPORATE APPLICANT

PLEASE COMPLETE IN BLOCK LETTERS

Title: ☐ Mr. ☐ Mrs. ☐ Miss ☐ 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 : ☐ Mr. ☐ Mrs. ☐ 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