

## OPT-IN DIVIDEND PAYMENT FORM

Name of shareholder.....  
(As it appears on your CDSC account or share certificate)

ID/Passport number.....

CDS Account Number.....  
(As it appears on your CDSC account or share certificate)

Member Account Number.....  
(As it appears on your CDSC Account or Share certificate)

KRA PIN NO: .....

Next of Kin Name .....  
 Relation ..... Telephone No: .....  
 Address: ..... Email: .....

Postal Address..... Code.....

Town..... Country.....

Email Address..... Mobile No .....

**Kindly fill in your preferred options**

Option 1:

Mobile Money Transfer via

Mpesa

|                          |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| Registered Mobile Number |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|

I certify that the above information is true to my knowledge

Signature.....Date.....

\* M-pesa terms and conditions shall apply

**Option 2:**

**Electronic Funds Transfer Option:**

Account Name.....

Account Number.....

Name of Bank & Branch.....

Bank code.....

Branch code..... Swift code.....

I hereby authorize Safaricom Limited to pay my dividends by electronic funds transfer to my Bank account details.

**Individual /Joint Shareholders**

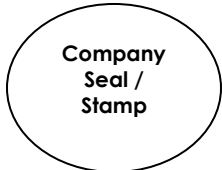
|       |           |       |
|-------|-----------|-------|
| ..... | .....     | ..... |
| Name  | Signature | Date  |

|       |           |       |
|-------|-----------|-------|
| ..... | .....     | ..... |
| Name  | Signature | Date  |

**Corporate Shareholders**

|                 |           |       |
|-----------------|-----------|-------|
| .....           | .....     | ..... |
| Name            | Signature | Date  |
| <b>Director</b> |           |       |

|                                    |           |       |
|------------------------------------|-----------|-------|
| .....                              | .....     | ..... |
| Name                               | Signature | Date  |
| <b>Director/Company Secretary.</b> |           |       |



**Notes:**

1. Please attach a copy of you ID/Passport. For Corporate entities, please also attach the certificate of incorporation and a certified Declaration confirming the indemnities of the signatories on this mandate.
2. If you have a CDS Account, please amend your Bank Mandate details with your stock broker.
3. Please fill in this form and return it to "Image Registrars Limited, 5<sup>th</sup> Floor, Barclays Plaza, Loita Street. P.O Box 9287 -00100 Nairobi."
4. Kindly note that the electronic details will be used for payment of outstanding and future dividends.
5. Attach Certified copy of bank Statement /a letter from the bank confirming the bank details/ have the opt in form certified by the bank(only those shareholders who opt to be paid via EFT)

**OFFICIAL USE ONLY**

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