

#REG 4 - CONFIRMATION OF BALANCES

(PLEASE PRINT ALL DETAILS CLEARLY)

I/We, _____
(insert full name(s))

of _____
(insert full address)

request confirmation of my/our holdings of securities held at the ECCSD at _____
(date)

Please include the following information: _____
(List any specific information you require to be included)

The confirmation should be sent to _____
(Name & Address of Recipient)

_____ , by

Post: E-mail: _____ (provide e-mail address) Fax: _____ (provide Fax #.)

***A Fee of EC\$50 must accompany this request. Please indicate form of payment:**

- I/We attach a Bank draft/cheque. I/We have paid online at <http://www.ecseonline.com/payment.pp>
 I/We have paid by wire transfer to ECSE's a/c # 24952 at St Kitts Nevis Anguilla National Bank, Basseterre, St Kitts, SWIFT Code: KNANKNSK.

Signed

.....
Name Signature Date

FOR REGISTRY USE:

Prepared By:..... Signature:..... Date.....

Checked By:..... Signature:..... Date.....

Authorised By:..... Signature:..... Date.....