

#REG5 DONATION TRANSFER FORM

2)	Full Name of Transferres(a), IDI FAOF DDINT	
a) Full Name of Transferee(s): [PLEASE PRINT]		
	List ALL Joint Transferees.	1
(Complete sections <u>b)</u> through <u>o)</u> in respect of a sole		
transferee, or if joint, the first named transferee.		2
Additional transference must complete supplemental		
Additional transferees must complete supplemental		3
1011	ns in Appendix A)	
		4
b)	Country of Birth:	
,	•	
<u> </u>		
C)	Country(ies) of Citizenship	
	(In case of multiple citizenship, please list all that	
	apply)	
d)	Address:	
,		
e)	Date of Birth:	
f)	Identification (ID) No.	
	(If a natural person, passport # or SS/NIS #; if a	
	legal person, corporate ID #)	
g)	Contact Details	
	Telephone Number(s):	
	Fax Number:	
	E se the second	
	Email address:	
h)	Dividends/Interest Payment Option:	
h)	Dividends/Interest Payment Option:	
-	Dividends/Interest Payment Option: ase provide Bank Account details including country	Account #
Plea		
Plea	ase provide Bank Account details including country	Account #
Plea	ase provide Bank Account details including country re bank located; and intermediary bank,	Account Name:
Plea	ase provide Bank Account details including country re bank located; and intermediary bank,	Account Name: Bank Name:
Plea	ase provide Bank Account details including country re bank located; and intermediary bank,	Account Name:
Plea whe if ap	ase provide Bank Account details including country re bank located; and intermediary bank, plicable:	Account Name: Bank Name:
Plea whe	Type of Registry Security Account:	Account Name: Bank Name: Bank Address:
Plea whe if ap	ase provide Bank Account details including country re bank located; and intermediary bank, plicable:	Account Name: Bank Name: Bank Address: Single
Plea whe if ap	Type of Registry Security Account:	Account Name: Bank Name: Bank Address: Single (If Joint, each additional holder must complete section on
Plea whe if ap i)	ase provide Bank Account details including country re bank located; and intermediary bank, plicable: Type of Registry Security Account: (Please tick appropriate space.)	Account Name: Bank Name: Bank Address: Single
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Plea whe if ap i) j) k)	ase provide Bank Account details including country re bank located; and intermediary bank, plicable: Type of Registry Security Account: (Please tick appropriate space.) Registry Account Number: (If account already held at ECCSD) Signature of Transferee: Date:	Account Name: Bank Name: Bank Address: Single (If Joint, each additional holder must complete section on
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o) Occupation of Witness:				
(Please tick appropriate space.)	(a) Licensed Principal:			
	(b) Employee of ECCSD:			
	(c) Notary Public:			
p) Signature of Witness:				
(If Notary, affix seal; if Principal, affix stamp of				
Intermediary firm.)				
q) Full Name of Transferor(s): [PLEASE PRINT]				
List ALL Joint Transferors.				
(Complete sections \underline{u}) through \underline{y}) in respect of a sole	1			
transferor or the Primary Person, or if none designated,	2			
the first-named, for joint transferors. Where no Primary Person designated, additional transferors must complete	3			
supplemental forms in Appendix B)	5			
	4			
r) Trading Symbol(s) of Securities:				
s) Number of Securities to be transferred:				
t) Transferor(s) Registry Account Number:				
u) Type of Registry Account: (Please tick appropriate space.)	Single Joint			
(Flease lick appropriate space.)				
v) Signature of Transferor:				
w) Date:				
w) Date:				
x) Name of Witness (PLEASE PRINT)				
y) Address of Witness:				
,, , , , , , , , , , , , , , , , , , ,				
 c) Occupation of Witness: (Please tick appropriate space.) 				
(i icase lick appropriate space.)	(a) Licensed Principal:			
	(b) Employee of ECCSD:			
	(c) Notary Public:			
aa) Signature of Witness:				
(If Notary, affix seal; if Principal, affix stamp of				
Intermediary firm.)				
ECCSD OFFICIAL USE:				
Entered By: Date Date				
Checked By: Signature:	Date:			
Authorised By: Signature:	Date			

A Fee of EC\$20 is payable.



#REG5 APPENDIX A - JOINT TRANSFEREE SUPPLEMENT

a)	Full Name of Transferee: [PLEASE PRINT]			
b)	Country of Birth			
	Country(ios) of Citizonship			
c)	Country(ies) of Citizenship (In case of multiple citizenship, please list all that			
	apply)			
d)	Address			
e)	Date of Birth			
-,				
f)	Identification (ID) No.			
.,	(If a natural person, passport # or SS/NIS #; if a			
(n)	legal person, corporate ID #) Contact Details			
g)	Telephone Number(s):			
	Fax Number:			
	Email address:			
h)				
-	-			
i)	Date:			
i)	Date:			
i) j)	Date: Name of Witness (PLEASE PRINT)			
j)	Name of Witness (PLEASE PRINT)			
j) k)	Name of Witness (PLEASE PRINT) Address of Witness:			
j)	Name of Witness (PLEASE PRINT)	(0)		
j) k)	Name of Witness (PLEASE PRINT) Address of Witness: Occupation of Witness:	(a)	Licensed Principal:	
j) k)	Name of Witness (PLEASE PRINT) Address of Witness: Occupation of Witness:	(b)	Employee of ECCSD:	
j) k)	Name of Witness (PLEASE PRINT) Address of Witness: Occupation of Witness:	-		
j) k) I)	Name of Witness (PLEASE PRINT) Address of Witness: Occupation of Witness: (Please tick appropriate space.)	(b)	Employee of ECCSD: Notary Public:	
j) k) I)	Name of Witness (PLEASE PRINT) Address of Witness: Occupation of Witness: (Please tick appropriate space.) Signature of Witness:	(b)	Employee of ECCSD:	
j) k) I)	Name of Witness (PLEASE PRINT) Address of Witness: Occupation of Witness: (Please tick appropriate space.)	(b)	Employee of ECCSD: Notary Public:	

NB: A separate Supplement must be completed for EACH additional Transferee and attached to the Donation Transfer Form.



#REG5 APPENDIX B - JOINT TRANSFEROR SUPPLEMENT

a)	Full Name of Transferor: [PLEASE PRINT]	
b)	Address	
c)	Date of Birth	
d)		
	(If a natural person, passport # or SS #; if a legal person, corporate ID #)	
e)	Contact Details Telephone Number(s):	
	Fax Number:	
	Email address:	
f)	Signature of Transferor:	
g)	Date:	
h)	Name of Witness (PLEASE PRINT)	
i)	Address of Witness:	
j)	Occupation of Witness:	
	(Please tick appropriate space.)	(a) Licensed Principal:
		(b) Employee of ECCSD:
		(c) Notary Public:
k)	Signature of Witness: (If Notary, affix seal; if Principal, affix stamp of	
	Intermediary firm.)	

NB: A separate Supplement must be completed for EACH additional Transferor and attached to the Donation Transfer Form