

To: Image Registrars (U) Limited
Jubilee Insurance Centre
Plot 14, Parliament Avenue
Kampala

Re: New Vision Printing & Publishing Company Ltd - Dividend Payment Mandate

I/We hereby instruct you to change / update my details in the New Vision shareholder register as indicated below:

NAME OF SHAREHOLDER	
CERTIFICATE NUMBER	
TELEPHONE NO.	
EMAIL	
ADDRESS	
BANK NAME	
BRANCH	
ACCOUNT NAME	
ACCOUNT NUMBER	

Please forward until further notice, all dividends that may become payable to me/us to the bank account whose details are indicated above. *Compliance with this request will discharge the Company from liability in respect of such dividends or other monies.*

I hereby agree to indemnify the Company against all claims, demands, losses, damages, monies, costs or expenses which may be brought against or be paid, incurred or sustained by the Company by reason or in consequence of New Vision honoring my/our above transactions.

DATE:

SIGNATURE:
