

#REG5
DONATION TRANSFER FORM

<p>a) Full Name of Transferee(s): [PLEASE PRINT] List ALL Joint Transferees.</p> <p>(Complete sections b) through o) in respect of a sole transferee, or if joint, the first named transferee. Additional transferees must complete supplemental forms in Appendix A)</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p>b) Country of Birth:</p>	
<p>c) Country(ies) of Citizenship (In case of multiple citizenship, please list all that apply)</p>	
<p>d) Address:</p>	
<p>e) Date of Birth:</p>	
<p>f) Identification (ID) No. (If a natural person, passport # or SS/NIS #; if a legal person, corporate ID #)</p>	
<p>g) Contact Details Telephone Number(s):</p> <p>Fax Number:</p> <p>Email address:</p>	<p>.....</p> <p>.....</p> <p>.....</p>
<p>h) Dividends/Interest Payment Option:</p> <p>Please provide Bank Account details including country where bank located; and intermediary bank, if applicable:</p>	<p>Account #</p> <p>Account Name:</p> <p>Bank Name:</p> <p>Bank Address:</p>
<p>i) Type of Registry Security Account: (Please tick appropriate space.)</p>	<p>Single Joint</p> <p><i>(If Joint, each additional holder must complete section on appendix A)</i></p>
<p>j) Registry Account Number: (If account already held at ECCSD)</p>	
<p>k) Signature of Transferee:</p>	
<p>l) Date:</p>	
<p>m) Name of Witness (PLEASE PRINT)</p>	
<p>n) Address of Witness:</p>	

<p>o) Occupation of Witness: (Please tick appropriate space.)</p>	<p>(a) Licensed Principal:</p> <p>(b) Employee of ECCSD:</p> <p>(c) Notary Public:</p>
<p>p) Signature of Witness: (If Notary, affix seal; if Principal, affix stamp of Intermediary firm.)</p>	<p>.....</p>
<p>q) Full Name of Transferor(s): [PLEASE PRINT] List ALL Joint Transferors.</p> <p>(Complete sections <u>u</u>) through <u>y</u>) in respect of a sole transferor or the Primary Person, or if none designated, the first-named, for joint transferors. Where no Primary Person designated, additional transferors must complete supplemental forms in Appendix B)</p>	<p>1.</p> <p>2.</p> <p>3.</p> <p>4.</p>
<p>r) Trading Symbol(s) of Securities:</p>	
<p>s) Number of Securities to be transferred:</p>	
<p>t) Transferor(s) Registry Account Number:</p>	
<p>u) Type of Registry Account: (Please tick appropriate space.)</p>	<p>Single Joint</p>
<p>v) Signature of Transferor:</p>	
<p>w) Date:</p>	
<p>x) Name of Witness (PLEASE PRINT)</p>	
<p>y) Address of Witness:</p>	
<p>z) Occupation of Witness: (Please tick appropriate space.)</p>	<p>(a) Licensed Principal:</p> <p>(b) Employee of ECCSD:</p> <p>(c) Notary Public:</p>
<p>aa) Signature of Witness: (If Notary, affix seal; if Principal, affix stamp of Intermediary firm.)</p>	<p>.....</p>
<p>ECCSD OFFICIAL USE:</p> <p>Entered By:..... Signature:..... Date.....</p> <p>Checked By:..... Signature:..... Date.....</p> <p>Authorised By:..... Signature:..... Date.....</p>	

A Fee of EC\$20 is payable.

#REG5

APPENDIX A - JOINT TRANSFEREE SUPPLEMENT

a) Full Name of Transferee: [PLEASE PRINT]	
b) Country of Birth	
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: Email address:	<p>.....</p> <p>.....</p> <p>.....</p>
h) Signature of Transferee:	
i) Date:	
j) Name of Witness (PLEASE PRINT)	
k) Address of Witness:	
l) Occupation of Witness: (Please tick appropriate space.)	<p>(a) Licensed Principal:</p> <p>(b) Employee of ECCSD:</p> <p>(c) Notary Public:</p>
m) Signature of Witness: (If Notary, affix seal; if Principal, affix stamp of Intermediary firm.)	<p>.....</p>

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) Identification (ID) No. (If a natural person, passport # or SS #; if a legal person, corporate ID #)	
e) Contact Details Telephone Number(s): Fax Number: Email address:	<p>.....</p> <p>.....</p> <p>.....</p>
f) Signature of Transferor:	
g) Date:	
h) Name of Witness (PLEASE PRINT)	
i) Address of Witness:	
j) Occupation of Witness: (Please tick appropriate space.)	<p>(a) Licensed Principal:</p> <p>(b) Employee of ECCSD:</p> <p>(c) Notary Public:</p>
k) Signature of Witness: (If Notary, affix seal; if Principal, affix stamp of Intermediary firm.)	<p>.....</p>

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