

# ECCSR

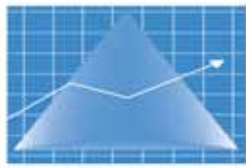
EASTERN CARIBBEAN CENTRAL SECURITIES REGISTRY LTD

## FORM #R19 PRIVATE TRANSFER FORM

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

<b>n) Occupation of Witness:</b> (Please tick appropriate space.)	(a) Licensed Principal: <input type="checkbox"/> (b) Employee of ECCSR: <input type="checkbox"/> (c) Notary Public: <input type="checkbox"/>
<b>o) Signature of Witness:</b> (If Notary, affix seal; if Principal, affix stamp of Intermediary firm.)	.....
<b>p) Full Name of Transferor(s):</b> [PLEASE PRINT] List ALL Joint Transferors.  (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 is designated, additional transferors must complete supplemental forms in Appendix B)	1. .... 2. .... 3. .... 4. ....
<b>q) Trading Symbol(s) of Securities (if applicable):</b>	
<b>r) Number of Securities to be transferred:</b>	
<b>s) Transferor(s) Registry Account Number:</b>	
<b>t) Type of Registry Account:</b> (Please tick appropriate space.)	<b>Single</b> <input type="checkbox"/> <b>Joint</b> <input type="checkbox"/>
<b>u) Signature of Transferor:</b> (For Joint Transferors, Primary Person to sign, if none designated, first-named to sign)	
<b>v) Name of Witness (PLEASE PRINT)</b>	
<b>w) Address of Witness:</b>	
<b>x) Occupation of Witness:</b> (Please tick appropriate space.)	(a) Licensed Principal: <input type="checkbox"/> (b) Employee of ECCSR: <input type="checkbox"/> (c) Notary Public: <input type="checkbox"/>
<b>y) Signature of Witness:</b> (If Notary, affix seal; if Principal, affix stamp of Intermediary firm.)	.....
<b>ECCSR OFFICIAL USE:</b>  <b>Entered By:</b> ..... <b>Signature:</b> ..... <b>Date:</b> ..... <b>Checked By:</b> ..... <b>Signature:</b> ..... <b>Date:</b> ..... <b>Authorised By:</b> ..... <b>Signature:</b> ..... <b>Date:</b> .....	

Please contact ECCSR, your Broker or visit [www.ecseonline.com](http://www.ecseonline.com) for the applicable fees.



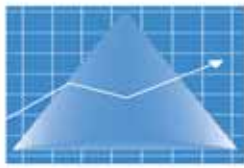
# ECCSR

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## FORM #R19 APPENDIX A - JOINT TRANSFEREE SUPPLEMENT

a) <b>Full Name of Transferee:</b> [PLEASE PRINT]	
b) <b>Country of Birth:</b>	
c) <b>Country(ies) of Citizenship:</b> (In case of multiple citizenship, please list all that apply)	
d) <b>Address:</b>	
e) <b>Date of Birth:</b>	
f) <b>Identification (ID) No. :</b> (If a natural person, passport # or SS/NIS #; if a legal person, corporate ID #)	
g) <b>Contact Details</b> Telephone Number(s): .....	
Fax Number: .....	
Email address: .....	
h) <b>Signature of Transferee:</b>	
i) <b>Name of Witness (PLEASE PRINT) :</b>	
j) <b>Address of Witness:</b>	
k) <b>Occupation of Witness:</b> (Please tick appropriate space.)	(a) Licensed Principal: <input type="checkbox"/> (b) Employee of ECCSR: <input type="checkbox"/> (c) Notary Public: <input type="checkbox"/>
l) <b>Signature of Witness:</b>  (If Notary, affix seal; if Principal, affix stamp of Intermediary firm.)	.....

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



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## FORM #R19 APPENDIX B - JOINT TRANSFEROR SUPPLEMENT

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

**NB: A separate Supplement must be completed for EACH additional Transferor, where no Primary Person has been designated, and attached to the Private Transfer Form**