

Full Service Stockbrokers

(Licensed Dealing Member of the Ghana Stock Exchange)

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SALE ORDER FORM

GSD Cod	e			
Name:				
Residentia	al/Postal Addres	ss:		
Telephone	e No:	Mobile:	Fax:	
E-mail:				
I hereby re	equest you to se	ell the following securities		
On b	oest effort basis	other ins	truction(s) (Please specify))
Security		Quantity	Price Range	Sell By (Date)
Conditions A Brokerage Commission of a maximum of 2.5% will be applicable to this order, and charged to the client's account				
Please in	dicate one of t	he following.		
	Sale proceeds shall be picked one week after sale Sale proceeds should be utilized for other investments			
Sale proceeds should be paid directly into bank account details provided below				
Bank Account Details				
Account Name:				
Bank/Branch: Account Number:				
How did you hear about SIC Brokerage Limited				
Name:				
Signature: Date				
Note: We	shall contact you	u to update this sale order(s	s) if we are unable to sell the	e shares after four (4) months.
Official U	lse Only:			
Name of Receiving Officer: Signature: Date:				
Name of A	Authorizing Offic	cer: Sigr	nature Date	ə: