



**PREMIUM CAPITAL
AND
STOCKBROKERS LIMITED**

TRADING LICENSE HOLDER OF NGX GROUP
PARTICIPATING INSTITUTION OF NASD

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Purchase Order Form

Date

dd	mm	yy
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CSCS Account No Email

Customer's Name Time

Customer's Address

Please take this as my instruction to sell the following shares on my behalf. Telephone

Purchase Order Details

S/N	Security	Quantity/Units	Price Limit	Date Limit
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				

Please Note: Mandate expires if not executed after 2 weeks

Customer's Signature

Branch: Head Office Portharcourt Onitsha

----- Official Use Only -----

Expected Cost Account Balance

Signature verified Okay By New Deposit

Approving Officer