

Sale Order Form

CSCS Account No Date

Customer's Name Time

Customer's Address

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

E-mail

Sale 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

Bank Account Details

Bank: _____

Acct. Name: _____

Acct. No: _____

<<<< **Settlement Details** >>>>

Sell and pay me cheque

Sell and pay capital gain only

Sell and buy other stock(s)

Sell and credit my bank acct

Account Type

Savings Current

Branch: Head Office Portharcourt Onitsha

Official Use Only

Signature Verified Okay By

Withdrawable Balance

Approving