

INDEPENDENT PETROLEUM MARKETERS ASSOCIATION OF NIGERIA

MINNA UNIT

IPMAN SECRETARIAT: Along Paiko Road, Paggo C/O NNPC/PPMC Depot, P.M.B 100, Minna, Niger State Tel: 08034512328, 08034537274

29th March, 2023

Our Ref

Your Ref.

The Registrar,
Coronation Registrar Ltd,
No. 9 Amodu Ojikutu Street,
Victoria Island, Lagos.

Dear sir,

Board Resolution

At the board meeting of our depot held in our office on March 20th, 2023 it was resolved as follows:

- 1. Murtala Samaila MaiSallah is hereby appointed as the signatory of all transactions relating to Minna Depot in quoted shares.
- 2. That the signatory of the depot be changed and updated with the under listed signatory as follows:

CIATION OF NIG

Name

Murtala Samaila MaiSallah

Thank you.

Yours faithfully,

Chairman

Signature

John Jess

Secretary



FULL DEMATERIALIZATION FORM FOR MIGRATION

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To: The Registrar: —	COK	JAH III	10	TECHO!	KTT	<u> </u>	
Name of Company: -		XIIMMA	+ D+	701			
Instruction: Please fill out the f Section 'B' is applicable only if			or destroy	ed.			
Please credit my account at Cercertificate(s) in my possession of	ntral Securities or which might	Clearing System (CSC come into my possess	S) with share	es from my holdings i ect of my total holding	in the company st g(s) in this/this co	tated below. I recompany.	
SECTION A: SHAREHOLDER'S FULL NAMES: Address: ONLY OF ORDER SSM Numbers:	Surname) First N 53 76	ame, Middle Name	Strar's Id No	RIN):	Miger	STATE	
CSCS Investor's Acct Number: Bank Name: ACCES BVN: 22230121649 Bar	Ban	k Account Name:	Suse Number 3403	er(CHN): MALA Benail:	MURTCH	LA	
Name of stockbroker:			Sto	ckbroker Code:			
Registrar Account No:				10-			
Authorized signature and stamp	o of stockbroke	r sto	ockholder's	signature	2 nd signature	(if applicable)	Thumb Print
S/N CERTIFICATE NO.	(IF ANY)	UNITS	S/N	CERTIFICATE NO). (IF ANY)	UNITS]
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I hereby request the Registrar quoted in section 'A' above. T was never received. I hereby, w money, Losses, damages, cost reason or in consequence of the certificate(s) or otherwise Registrars or their successors of S/N CERTIFICATE NO	to credit my a he holdings are vith the Guaran s and expenses he said certifica whatsoever. I or assigns witho	ccount at Central Sec e registered in my nai tor whose name here which may be brou ite(s) having been mi further undertake ar	urities Clear me, and the under appea ght against, splaced, des nd agree tha	ing System (CSCS) wi original shares/stock ars, indemnify the said or be paid, incurred troyed, lost or in con at if the said Certifica	ks certificate(s) had company and to describe the described by a sequence of a traction of the described by	as/have been misplaced he Registrars against all the said company and, ansfer being registered fter be found, to forth	d, lost or destroyed or claims and demands, / or the Registrars by without surrender of
3/N CERTIFICATE NO	. (IF AINT)	UNITS		is — Day of —			Company
			Name:	- JOHNWIN	299		(Seal)
				"/			
		,	Joint (II)	(if applicable):		Man Lillia Le	
			Joint (ii)	(if applicable):			
In the presence of:							
Name:			_ GSM NO):	Signatur	e:	
Address:							
This is to be executed by the sh							
On behalf of	ified against al	l actions, proceedings	, liabilities, o	claims, losses, damage	es, costs and expe	enses in relation to or ar	ising out of your accepting
Authorised Signatory (1):		A - 11	oricad Ci-	aton (2):			Company
			iorisea Signi	atory (2):			Seal
United Securities Limite 9, Amodu Ojikutu Stree Website: www.unitedsecur	t, Victoria Is	sland, P.M.B 127			234 (1) 271-4	566, 271-4567	

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OTC TRANSACTION

STOCK/SHARE TRANSFER FORM

FOR THE CONSIDERATION stated below the "Transferor(s)" name hereby transfer to the Transferee(s)" name the share or stock specified below subject to the several conditions on which the said shares or stock or is now held by the transferor(s) and the Transferee(s) do hereby agree to accept and hold the said shares or stock subject to the conditions aforesaid.

Full Name of Company or Undertaking			
Amount or Number & Full Details of Stock or Shares	Figures	Words	
	Surname	Others	
TRANSFER FROM TRANSFEROR(S) name(s) and address(es) in full including P. O. Box if applicable	Clearing House Num	ber	
Consideration			
	Surname	Others	
TRANSFER TO TRANSFEROR(S) name(s) and address(es) in full including			
P. O. Box if applicable.	Clearing House Num	ber	44.
SIGNED, SEALED AND DELIVERED on In the presence of Signature Name & Address	by the parties to this tran	Date A Signature & Date	J.G. Seal
STOCKBROKING FIRM		B Signature & Date	Transferor
In the presence ofSignature		Date	
Name & Address		A Signature & Date B	Seal
STOCKBROKING FIRM		Signature &	Transferee
REGISTRER'S VERIFICATION		Date A Signature & Date	Seal
OFFICIAL STAMP		B Signature & Date	

I hereby authorize that my shares/stocks of the above mentioned unit(s) be transferred into my CSCS account



Signature & Date