

MOLTEN TRUST LIMITED

SALES ORDER FORM

NAME _____

ADDRESS _____

DATE _____

TEL _____

The Managing Director,
Molten Trust Limited,
21/25 Broad Street,
Investment House,
Lagos.

CSCS ACCT NO. _____

Dear Sir,

SALES OF SHARES

Kindly take this as my instruction to SELL from my CSCS account the following share(s) on my behalf.

S/N	SECURITY	QUANTITY	PRICE LIMIT	DATE LIMIT	REMARKS

Thanks for your prompt action.

Yours faithfully,