

# MOLTEN TRUST LIMITED

## PURCHASE ORDER FORM

NAME \_\_\_\_\_

ADDRESS \_\_\_\_\_

DATE \_\_\_\_\_

TEL \_\_\_\_\_

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

CSCS ACCT NO. \_\_\_\_\_

Dear Sir,

### PURCHASE OF SHARES

Kindly take this as my instruction to **PURCHASE** 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,