



ACCESS TO QUALITY AFFORDABLE MEDICINES

BANK DIVIDEND PAYMENT MANDATE

To: Cipla Quality Chemical Industries Limited
Plot 1-7, 1st Ring Road, Luzira Industrial Park
P.O Box 34871, Kampala-Uganda

I of P.O.BOX

Email address..... Telephone Number

SCD No. being a shareholder of Cipla Quality Chemical Industries Limited (“the Company”) hereby instruct you to pay any dividends due to me to the Bank Account nominated herein.

Account Name:

Bank Name:

Branch:

Bank Account Number:

I certify that the information provided above is true to the best of my knowledge and the instructions will remain valid unless otherwise instructed by me in writing.

I certify that the Bank Account provided herein is in active use.

By registering and accepting to receive my dividends via the Bank, I hereby agree to indemnify the Company, its Directors and Officers against any claims, demands, damages, costs and expenses which may be paid, incurred or sustained by the Company and its Directors or Officers in consequence of the Company honouring my above instructions.

Please note that this mandate supersedes any other payment instructions issued by me to you.

Signature..... **Date**.....

Terms and Conditions

- ❖ All transactions shall be denominated in Uganda Shillings being the lawful currency of Uganda.
- ❖ For Individual Shareholders, forms should be accompanied by a copy of a Government issued Identity Card.
- ❖ For Corporate Shareholders, the form must be accompanied by a resolution to receive dividend via the Bank, a certificate of registration and Government Issued Identity Cards of the directors.
- ❖ This change is for the purpose of dividend payment. Shareholders are requested to contact their Stockbrokers to change their details in the Security Central Depository system.



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This form should be delivered to the CiplaQCIL approved Share Registrar at the address below:

SCD Registrars

4th Floor, Block A, UAP Nakawa Business Park

Plot 3-5 New Port-Bell Road

P.O Box 23552, Kampala

registry@use.or.ug