

FIRST MUTUAL

HOLDINGS LIMITED

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SHAREHOLDER INFORMATION

First Mutual Holdings Limited is updating its share register.

Shareholders are kindly requested to complete the form below and submit it to First Transfer Secretaries. The form is also available on the First Mutual Holdings Limited website.

First Transfer Secretaries (Pvt) Ltd
1 Armagh Avenue
Eastlea
P. O. Box 11
HARARE

Tel: 263-4-782869/72 or +263-4-776628/49/59/69/74
Tel: 0772 146 157/8
E-mail: info@fts-net.com

Shareholders are reminded that, at a meeting of shareholders held on 9 June 2016, members resolved to add a new article 147A to the Company's Articles of Association to allow for electronic communication between the Company and its shareholders. However, should a shareholder require hard copies of any document, the same shall be availed upon request.

1. SHAREHOLDER INFORMATION

NAME(S) IN WHICH SHARES ARE REGISTERED (PLEASE PRINT) _____
PHYSICAL ADDRESS _____
POSTAL ADDRESS _____
E-MAIL ADDRESS _____ MOBILE PHONE NUMBER (S) _____
HOLDER NUMBER: _____ ID NUMBER / COMPANY REGISTRATION NO.: _____ CENTRAL SECURITIES DEPOSITORY (CSD) NUMBER: _____

REQUEST FOR ELECTRONIC PAYMENT OF DIVIDENDS

2. AUTHORISATIONS

I / We hereby authorise and direct First Transfer Secretaries (FTS) to deposit or cause to be deposited any and all future dividend payments on the payable date for such dividend payments or to my/our account using electronic funds transfer at the following financial institution:

3. BANK INFORMATION

NAME(S) OF ACCOUNT _____
(MUST BE THE SAME AS SHARE REGISTRATION)
FINANCIAL INSTITUTION NAME _____ BRANCH _____
BRANCH CODE _____ ACCOUNT NUMBER: _____

I / We hereby agree and acknowledge:

- That FTS may act and rely on these instructions until FTS receives written notice from me/us of the revocation or modification of these instructions 30 days before payment.
- That this method of payment shall be at my/our own risk.
- That the banking details as provided above are accurate.

AUTHORISED SIGNATORY

DESIGNATION/ CAPACITY

DATE: ____/____/____

AUTHORISED SIGNATORY

DESIGNATION/ CAPACITY

DATE: ____/____/____

PLEASE NOTE that the above mandate will not be accepted unless signed by the registered holder personally or his/her duly authorised agent whose Power of Attorney has been recorded by FTS. In the case of joint holders, all the registered holders must sign the form. In the case of companies and Pension Funds, the form must be signed by an authorised signatory of the company. Evidence should be provided of this signing power. A covering letter on the company's official letterhead should be attached.