

PURCHASE MANDATE FORM

			DATE:	
CLIENT NAME:				
RESIDENTIAL ADI	DRESS:			
POSTAL ADDRESS	S:			
EMPLOYERS OR C	OWN BUSINESS N	AME		
MOBILE NO:		E-MAIL A	ADDRESS:	
AMOUNT PAID: (CASH/CHQ)		BANK (IF CHZ) :	
ACCOUNT BALAN	NCE: N			
We hereby author	orize Lighthouse	Capital Limited to b	uy the under listed shares	
CSCS ACCOUNT I	NO:			
S/NO SECURI	TIFS	UNITS	MINIMUM PRICE	DATE LIMIT
CLIENTS SIGNATU	JRE:	ACCOUI	NT OFFICER'S SIGNATURE	
MANDATE TAKEN	I/ISSUED IN THE	PRESENCE OF		
AUTHORIZED BY NAME			SIGN	DATE
PLEASE ATTACH	HED SIGNED SH	ARE TRANSFER FO	RM(S).	
ACCOUNT OFFICE	ED.			