GSE SECURITIES DEPOSITORY

GSE Securities Depository Company
5th Floor Cedi House
C/o P. O. Box 1849, Accra, Ghana
Tel: (233-21) 669908/ 669935/ 669914/ 664715
Fax: (233-21) 672569
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SECURITIES TRANSFER FORM (GSD 6)

To be completed in BLOCK LETTERS

Please Select

[ ] **INTRA** **If beneficial ownership is not changing and both accounts have the same ID type and number.**

[ ] **INTER** **If both client accounts are of different clients having different ID type and number**

Delivering Participant Code:		Receiving Participant Code:	
Delivering Participant Name:		Receiving Participant Name:	
Delivering Client Account No.		Receiving Client Account No.	
Delivering Client Account Title:		Receiving Client Account Title:	

Particulars of Securities

	Security Symbol:	Security Name:	
1	No. of shares (in figures):		
	No. of shares (in words):		
	Security Symbol:	Security Name:	
2	No. of shares (in figures):		
	No. of shares (in words):		
	Security Symbol:	Security Name:	
3	No. of shares (in figures):		
	No. of shares (in words):		

FOR INTER ACCOUNTS TRANSFER

Transfer Type (select where applicable)

[ ] Inheritance [ ] Gift

[ ] Custodian Transactions [ ] Consolidation

[ ] Other disposition of eligible securities requiring prior approval of GSD

Declaration: (By Delivering Client)

I/We hereby request the transfer of the above mentioned securities deposited in my/our current Depository Participant to my/our Securities Account with my receiving Depository Participant

(name)	(sign)	(date) *(dd / mm / yy)*
(name)	(sign)	(date) *(dd / mm / yy)*
(name)	(sign)	(date) *(dd / mm / yy)*

For Delivering Depository Participant Use Only

Verified by: (name) Signature:

Date: *(dd / mm / yy)* Seal/Stamp:

For GSD Use Only **(For inter accounts transfer only)** Ref Number:

Verified by: (name) Signature

Date: *(dd / mm / yy)* Seal/Stamp: