



ECCSR

EASTERN CARIBBEAN CENTRAL SECURITIES REGISTRY LTD

#R13 - PAYMENT OPTION FORM

Name of Securityholder
(PLEASE PRINT)

Address of Securityholder:

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Telephone:

Email Address:

Registry Account Number:

Investor ID:

Current Payment Option (if any):

New Payment Option (Tick preferred option)

Cheque Direct Deposit DRIP

If DRIP option chosen, give % DRIP

Bank Account Name & Number (Direct Deposit)
(State Country)

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Signature of Security holder & Date:
(Stamp of company, if a legal entity)

For Registry Personnel Use Only:

Entered By:..... Signature:..... Date:.....

Checked By:..... Signature:..... Date:.....

Authorised By:..... Signature:..... Date:.....

Revised April 2007

DRIP – DIVIDEND RE-INVESTMENT PLAN
Check with your issuer to see if this plan is available to you.