

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 E-mail: gsd@gse.com.gh

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: Receiving Participant Code:	
Delivering Participant Name: Receiving Partic	cipant Name:
Delivering Client Account No. Receiving Client	t Account No.
Delivering Client Account Title: Receiving Client Account Title: Receiving Client Account Title:	
Particulars of Securities	
Security Symbol: Security N	lame:
1 No. of shares (in figures):	
No. of shares (in words):	
Security Symbol: Security N	lame:
2 No. of shares (in figures):	
No. of shares (in words):	
Security Symbol: Security Name: Security Name:	
3 No. of shares (in figures):	
No. of shares (in words):	
FOR INTER ACCOUNTS TRANSFER Transfer Type (select where applicable)	
[] Inheritance [] Gift	t
[] Custodian Transactions [] Cor	nsolidation
[] 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	
(date)	
(name) (sign) (dd /mm / yy)	
l	(date)
(name) (sign) (dd / mm / yy)	
	(date)
(name) (sign	
For Delivering Depository Participant Use Only	
Verified by: Signature: (name)	
Date:	
For GSD Use Only (For inter accounts transfer only) Ref Number:	
Verified by: Signatur	re
Date: (name) Seal/Sta	amp: