



THE TRINIDAD AND TOBAGO CENTRAL DEPOSITORY LTD.,
 10th Floor, Nicholas Towers, 63-65 Independence Square,
 Port of Spain, Trinidad, W.I.
 TEL:(868) 625-5107/9 FAX:(868) 623-0089
 e-mail: tstockx@tstt.net.tt Website: <http://stockex.co.tt>

Bond of Indemnity

Please provide a certified/notarised copy of your photo identification. Thank you.

Date:

**To: The Registrar Department
 Trinidad and Tobago Central Depository Ltd
 10th Floor Nicholas Tower
 63-65 Independence Square
 Port of Spain**

In Consideration of you, The Trinidad and Tobago Central Depository Limited issuing a replacement certified cheque/Manager's cheque/draft/bill for a value of \$.....payable to and dated at the request of the undersigned and stopping the original certified cheque/Manager's cheque/draft/bill with a value of \$.....payable to..... dated.....and numbered which original certified cheque/Manager's cheque/draft/bill the undersigned has declared as lost and/or destroyed and/or stolen.

The undersigned hereby (if more than one, jointly and severally) agree(s) with you and your assigns:

- (i) to refund to you the sum of **for** shares in the event of the original certified cheque/Manager's cheque/draft/bill having been or being presented to and paid by mistake or oversight or otherwise howsoever arising out of the circumstances, or if you are called upon to pay and do pay the same to any person;
- (ii) to hold you harmless and keep you indemnified from all claims (including any claims which may have drawn against you by any correspondent and/or drawee), proceedings, damages, costs, losses, (including loss on currency exchange), or expenses that may be made upon or against you or which you may incur or be put to by reason of you issuing the duplicate certified cheque/Manager's cheque/draft/bill;
- (iii) further, I/we undertake to deliver to you the said original certified cheque/Manager's cheque/draft/bill in the event it is recovered or comes into the possession of the undersigned.

DECLARED BY THE ABOVE NAMED)

AT)
)
 ON)
)
 BEFORE ME.....)
 COMMISSIONER OF AFFIDAVITS

FOR OFFICIAL USE ONLY

Date ReceivedDate ProcessedFolio Number.....
 Old Certificate No..... New Certificate No.....Checked by.....

N.B. See attached for instructions to be followed.