



THE TRINIDAD AND TOBAGO CENTRAL DEPOSITORY LTD.

10th Floor, Nicholas Tower, 63 - 65 Independence Square, Port of Spain, Trinidad, W.I.

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BOND OF INDEMNITY – LOST CHEQUE(S)

(Please provide a certified/notarized copy of your photo identification)

Date (dd/mm/yyyy): _____

In consideration of the Trinidad and Tobago Central Depository Limited issuing a replacement cheque(s) in the value of **TTD** _____ payable to _____, the payee declares the following: “The consideration represents dividend payment(s) made to me by cheque(s), details of which are outlined below and which I declare to the best of my knowledge have been lost.”

Security: _____

Name	Date	Cheque #	Amount (\$)
Total			\$

I hereby agree to the following:

- (i) to indemnify and refund any duplicated amount in the event the original dividend cheque(s) having been presented to and paid by mistake or oversight or by reason of any other matter arising out of the replacement of the original cheque(s) with the replacement cheque(s).
- (ii) to hold you harmless and keep you indemnified from all claims (including any claims which may have been 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 cheque(s);
- (iii) further, I undertake to deliver to you the said original dividend cheque(s) in the event it is recovered or comes into the possession of the undersigned.

Shareholder’s Signature

Date

Witness

FOR OFFICIAL USE ONLY

Prepared by: _____

Outstanding Status Verified: _____

Folio Number: _____

Date Replaced: _____