



Change of Address Form

Kindly fill in the fields below. Upon completion, please review your information to ensure that it is accurate.

NAME OF SHAREHOLDER(S): _____

ACCOUNT NUMBER (MANDATORY): _____

PREVIOUS ADDRESS: _____

CURRENT ADDRESS: _____

TELEPHONE NUMBER(S): _____

EMAIL ADDRESS: _____

SIGNATURE (MANDATORY)

DATE

Please submit your completed form to PwC Corporate Services via any of the following channels:

FAX: (876) 932-8435 | **EMAIL:** pwccs.jbg@im.pwc.com

POST: PwC Corporate Services, Scotiabank Centre, Duke Street, P.O. Box 372, Kingston, Jamaica