

SEC/QR/8

SECURITIES AND EXCHANGE COMMISSION

QUARTERLY RETURNS ON UTILISATION OF PROCEEDS OF OFFER BY ISSUER

(Issuer and Issuing house shall file return with the Commission not later than 90 days after the clearance of allotment)

(This return must be made by the end of the first month of the succeeding quarter. Late returns would attract penalty)

SECURITIES OFFERED:

1. Name of Issuer:

Current office address of Issuer:

Telephone Nos.:

2. Information on Securities:

- a) Number of Securities issued:
- b) Date offer commenced:
- c) Date offer closed:
- d) Date of allotment:
- e) Amount of proceeds received:
- f) Date proceeds were received:

3. Utilization of funds: Please present the information in the manner provided below:

Purpose	Funds Utilized	% of Total Sum	Completion Period stated in Prospectus

Note: The Departmental/Unit head responsible for each expenditure heading listed above is expected to list items for which funds were expended in the quarter and certify as provided in the attached schedule.

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4. State if funds were utilized for purposes not indicated in the Prospectus:

Other purpose(s)	Reason(s) for utilization	Authorized by Commission

5. State any amount of bridging loan repaid from proceeds: -----

6. State if proceeds were invested pending ultimate use: -----

Details	Amount (N)

a) Was board approval granted for the investment? Yes No

7. Have you completed utilization of issue proceeds? Yes No
If yes, please attach documentary evidence:

8. Certification

Return prepared by: -----

Signature: -----

Status: -----

Approved by: -----

Signature: -----

Status: -----

STAMP/DATE

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SCHEDULE TO QUARTERLY RETURN ON UTILISATION OF ISSUE PROCEEDS

(THIS SCHEDULE IS TO BE COMPLETED BY THE DEPARTMENTAL/UNIT HEAD RESPONSIBLE FOR EACH EXPENDITURE ITEM. THE NUMBER OF ATTACHED SCHEDULES MUST CORRESPOND WITH THE NUMBER OF EXPENDITURE ITEMS)

Description of item	Quantity	Rate N	Amount N

(NOTE: THIS SCHEDULE IS TO BE COMPLETED SEPARATELY FOR EACH EXPENDITURE ITEM AND ENDORSED BY THE APPROPRIATE DEPARTMENTAL/UNIT HEAD)

CERTIFICATION:

DEPARTEMENT/UNIT:

NAME OF DEPARTMENTAL/UNIT HEAD:

DESIGNATION:

SIGNATURE: