



APPLICATION FORMS

Application List Opens
Wednesday 1st Aug., 2007

Application List Closes
Friday 31st Aug., 2007



Union Diagnostic & Clinical Services Limited

RC352457

Private Placement of
550,000 Ordinary Shares of
50 Kobo each

at N1.85 per share
Payable in Full on Application
Issuing House:



Cashcraft Asset Management Limited
RC1700375

FOR REGISTRAR'S USE ONLY

No of Shares
Applied For

No of Shares
Allotted

Amount Paid (N)

Value of Shares Allotted(N)

Amount Returned(N)

Cheque Number

Application must be made in accordance with the instructions set out on the back of this Application Form. Care must be taken to follow these instructions as applications that do not comply may be rejected. If you are in doubt as to the action to take, please consult your Stockbroker, Accountants, Banker, Solicitor or any other professional adviser for guidance immediately.

TO: CASHCRAFT ASSET MANAGEMENT LIMITED

Date:...../...../2007

Number of Shares Applied for	Value of Shares Applied for
	N
Value of Cheque /Bank Draft	
Cheque details Cheque Number	
Name of Bank/Branch	
Account Number	

Guide To Application:

Number of Shares applied for
10,000 minimum.
Subsequent multiples of 5,000

Amount payable
N18,500
N 9,250

- I/We am/are 18 years of age or above
- I/We attach the amount payable in full on application for the number of shares indicated in Union Diagnostic and Clinical Services Limited at N1.85 per share
- I/We agree to accept the same or any smaller number of shares in respect of which allotment may be made upon the terms of the Memorandum dated 1/08/07 and subject to the Memorandum and Articles of Association of Union Diagnostic and Clinical Services Limited
- I/ We authorize you to send a share certificate and/or a cheque for any amount overpaid by registered post at my/our risk to the address first given below and to procure registration in my/our name as the holder(s) of such number or shares or such smaller number as aforesaid.
- I/we declare that I/We read a copy of the



PLEASE COMPLETE IN CAPITAL LETTERS

1A INDIVIDUAL FIRST APPLICANT

TITLE Mr. Mrs Miss Others (please state)

Surname

Other Names

First Name

Full Postal

Address

City State

Daytime Telephone Number

Next of Kin

PLEASE COMPLETE IN CAPITAL LETTERS

1B INDIVIDUAL JOINT APPLICANT

TITLE Mr Mrs Miss Others (please state)

Surname

Other Names

First Name

Full Postal

Address

City State

Daytime Telephone Number

Next of Kin

2 CORPORATE APPLICATION



Company Name

Full Address

City State

Daytime Telephone Number

Authorised Signatory

Authorised Signatory

Company Seal

Designation

Designation