



OMNI INDUSTRIES LTD.

Manufacturer of *Thermoplastic* Products

NOTICE TO SHAREHOLDERS

OMNI Industries Limited (“OMNI”) encourages all our shareholders to send their banking mandates to the Jamaica Central Securities Depository Limited (JCSD) for a faster and more efficient payment when a dividend is declared.

To do this, please see a copy of JCSD Investor Instruction form attached. Upon completion, the form can be delivered to our Registrar at 40 Harbour Street, Kingston or scanned and sent via email at jcsdds@jamstockex.com and jcsdrs@jamstockex.com, along with a copy of a government issued ID. Alternatively, you can visit the JCSD website from this link <https://jcsdportal.jamstockex.com/> to create a login account or you may wish to contact your Broker.

OMNI wishes to thank its shareholders for their continued support.

**Directors: Von White; Patrick Kumst, Managing Director/Company Secretary; Vincent Clarke;
Patricia Hayle; Sterling Soares; Justine Collins; Lainsworth Walker**

INVESTOR INSTRUCTION FORM

ELECTRONIC DEPOSIT: CHANGE OF ADDRESS:

JCSD ACCOUNT NUMBER(S): _____

UPDATE ALL HOLDINGS ON ACCOUNT:

OR SPECIFIC SYMBOL(S) _____

SECTION 1 - ELECTRONIC DEPOSIT:

Name of Bank/Institution: _____

Branch of Bank/Institution: _____

Address of Bank/Institution: _____

Name on Account at Bank/Institution: _____

Account Number at Bank/Institution: _____

TYPE OF ACCOUNT: CURRENT SAVINGS

ACCOUNT CURRENCY TYPE: JMD USD OTHER _____

OTHER INSTRUCTIONS

SECTION 2 - CHANGE OF ADDRESS:

CURRENT ADDRESS: _____

SECTION 3 - GENERAL INFORMATION:

EMAIL ADDRESS: _____ TELEPHONE NUMBER(S): _____

TAX REGISTRATION NUMBER (TRN) _____ DATE OF BIRTH _____

Gender: Female Male Occupation _____

Primary Holder's Name: _____

Primary Holder's Signature

Please Note: Change of address requires the signature of all holders on the account.
TRN or equivalent should accompany this form unless the details exist in the JCSD database.

INVESTOR INSTRUCTION FORM

JOINT #1:

Name: _____

EMAIL ADDRESS: _____ TELEPHONE NUMBER(S): _____

TAX REGISTRATION NUMBER (TRN) _____ DATE OF BIRTH _____

Gender: Female Male Occupation _____

Signature: _____

JOINT #2

Name: _____

EMAIL ADDRESS: _____ TELEPHONE NUMBER(S): _____

TAX REGISTRATION NUMBER (TRN) _____ DATE OF BIRTH _____

Gender: Female Male Occupation _____

Signature: _____

JOINT #3:

Name: _____

EMAIL ADDRESS: _____ TELEPHONE NUMBER(S): _____

TAX REGISTRATION NUMBER (TRN) _____ DATE OF BIRTH _____

Gender: Female Male Occupation _____

Signature: _____

DATE OF AUTHORISATION: _____