CSCS

INVESTOR'S BANK ACCOUNT UPDATE FORM FOR DIRECT SETTLEMENT

CSCS Plc, Stock Exchange House (Floors 1, 12, 13, 14 & 15), 2/4, Customs Street, P.O.BOX 3168, Marina, Lagos State. E-Mail: info@cscsnigeriaplc.com Website: www.cscsnigeriaplc.com
Telephone Number: + 234 (1) 9033551 (FORM 001)

ACCOUNT TYPE: PERSONAL ☐ CORPORATE ☐
(Please Tick appropriately)

CLIENT'S DETAILS

AFFIX PASSPORT PHOTOGRAPH

NAME OF CLIENT (surname first) OR COMPANY'S NAME:

.....

DATE OF BIRTH/CAC NO:.....

MOTHER'S MAIDEN NAME (where applicable).....

ADDRESS.....

.....

CSCS ACCOUNT NUMBER | | | | | | | | | | |

CLEARING HOUSE NUMBER | | | | | | | | | | | |

TEL. NUMBER: (1)..... (2).....

E-MAIL ADDRESS: (1)..... (2).....

DO YOU OPT FOR DIRECT SETTLEMENT INTO YOUR BANK ACCOUNT? YES ☐ NO ☐

SIGNATURE: (1)..... (2).....

(For Corporate accounts, two authorized signatories must sign with their passports photographs affixed and company's Seal appended on this form).

SEAL

CLIENT'S BANK DETAILS (SETTLEMENT BANKS ONLY)

BANK NAME:.....

BANK BRANCH.....

ACCOUNT NUMBER: | | | | | | | | | | |

BANK VERIFICATION NUMBER (BVN) | | | | | | | | | | | |

TYPE OF ACCOUNT
(Please tick the type of account) Current ☐ Savings ☐

STOCKBROKING FIRM DETAILS. MEMBER CODE: | | | | | |

STOCKBROKING FIRM:.....

AUTHORISED SIGNATORIES & COMPANY'S STAMP (1).....

(2).....

CENTRAL SECURITIES CLEARING SYSTEM LTD

Initiating House (Tick as applicable)
Resident ☐
Target ☐

The Managing Director
CSCS Ltd
Stock Exchange House
2/4, Customs Street
Lagos

Dear Sir,

TRANSFER OF STOCK(S) REQUEST FORM

A. I hereby apply for the following stock(s) in CSCS System acquired through .... Stockbroking firm with account no:.....**(Resident Stockbroking firm)** to be transferred to.....Stockbroking firm with account no :.....**(Target stockbroking firm)**

Please note that the use of this form shall apply solely for the purpose of transferring all shares which currently exist in the resident account.

S/N	Security	Units	S/N	Security	Units
1			7		
2			8		
3			9		
4			10		
5			11		
6			12		

DECLARATION
In making this transfer, CSCS is hereby indemnified from any liability whatsoever arising from the transfer.

Yours faithfully,

From: Account Number

Investor's Name and Signature

To: Account Number

Investor's Name and Signature

B. Resident stockbroking Firm
We confirm that the request has been received by us

Name/Signature/Stamp of MD/CEO

Name/signature/Stamp of Accredited Rep

C. Target Stockbroking Firm
We confirm that we are ready to accept the stocks and pledge that CSCS interest will not be prejudiced or compromised in transactions relating to the transfer.

Name/Signature/Stamp of MD/CEO

Name/signature/Stamp of Accredited Rep