CSCS CLIENTS AUTHORIZATION FORM FOR CHANGE OF BANK

CSCS Nig. Ltd., Stock Exchange House (Floors 1, 12 & 15), 2/4, Customs Street, P.O.BOX 3168, Marina, Lagos State. E-Mail: cscs@cscsnigerialtd.com Website: www.cscsnigerialtd.com Telephone Number: 01-4622379 **(FORM 002)**

ACCOUNT TYPE: **PERSONAL** ☐ **CORPORATE** ☐ **MANAGED ACCT.** ☐

PERSONAL DETAILS

NAME OF CLIENT (SURNAME FIRST) OR COMPANY'S NAME:

AFFIX PASSPORT PHOTOGRAPH

CSCS ACCOUNT NUMBER

CLEARING HOUSE NUMBER:

TEL. NUMBER: 1 .....2.....

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

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

.....

STOCKBROKING FIRM DETAILS.

STOCKBROKING FIRM:.....

MEMBER CODE:

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

(2).....

.....

BANK DETAILS

FORMER BANK DETAILS

BANK NAME:.....BANK BRANCH.....

ACCOUNT NUMBER:

TYPE OF ACCOUNT

Current ☐ Savings ☐

BANK AUTHORIZED SIGNATORIES: Name:.....Sign:.....

Name:.....Sign:.....

CURRENT BANK DETAILS

BANK NAME:.....BANK BRANCH.....

ACCOUNT NUMBER:

TYPE OF ACCOUNT

Current ☐ Savings ☐

BANK AUTHORIZED SIGNATORIES: Name:.....Sign:.....

Name:.....Sign:.....

*Only one bank account to be opened for this purpose *Managed accounts will be Brokers bank account