



CSCS INDIVIDUAL ACCOUNT FORM

Client Type: Individual Joint Account

PERSONAL DETAILS

CHN (CSCS NO):

Name:

Gender: Male Female

Guardian:

Guardian Address:

Address:

State: Local Govt:

Citizenship: Country:

Date of Birth: Phone No:

Email:

Mother Maiden Name:

Next of Kin Details

Title: First Name

Middle: Last Name:

Date of Birth: Nationality: Gender: Male Female

Relationship: Parent Spouse Other Specify

Email:

Contact Address of next of Kin:

Bank Account Details

Bank Name: Account Type: Current Saving

Account Name: Account Number:

Date of Creation: BVN:

Signature

Date

WAIVER

I / We..... of

.....

a national of am (are) a prospective shareholder(s) in companies listed on the Nigerian Stock Exchange and I (we) hereby FREELY state that being aware of my (our) right to be issued with a share certificate(s) under section 146 and 147 of the Companies and Allied Matters Decree 1990 and the Memoranda and Articles of Association of the listed companies for my (our) sole benefit and private purposes do hereby waive the said right and also DECLARE that I (we) shall accept as sufficient certification of my (our) shareholding any memorandum to that effect delivered to me (us) by the said listed company / companies or the CENTRAL SECURITIES CLEARING SYSTEM LIMITED acting on behalf of same as satisfaction of my said right under the sections and Memoranda and Articles of Association aforementioned.

Dated this..... day of.....

SIGNED..... SEALED(Coy).....

For details, questions and additional information on products and services. Please call us or mail us. We shall attend to you promptly and satisfactorily.