

CSCS CORPORATE ACCOUNT FORM

Client Type:	<input type="checkbox"/> Corporate	<input type="checkbox"/> Other Specify
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COMPANY DETAILS

CHN (CSCS NO):
Company Name:
RC Number:
Date of Registration:
Type of Business:
Company Address:
State: Local Govt:
Country:
Postal Address: Phone No:
Email:
Web site Address:

Principal Contact Person

Name:
Email GSM:
Signature Date

Bank Account Details

Bank Name:	Account Type:	<input type="checkbox"/> Current
Account Name:	Account Number:	
Date of Creation:		

Company Seal

Date

WAIVER

I / We..... of.....

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.....
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.