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: 01-44622379 **(FORM 002)**

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 mandated 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