

CSCS CLIENT BANK UPDATE FORM

CSCS Nig. Ltd., Stock Exchange House (Floors 1, 12 & 15), 2/4, Customs Street, P.O. BOX 3168,
 Marina, Lagos State. E-Mail: cscs@cscsnigeria.com Website: www.cscsnigeria.com
 Telephone Number: 01-4622379 (FORM 001)

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

(Please Tick appropriately)

CLIENT'S DETAILS

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

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AFFIX PASSPORT PHOTOGRAPH

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CSCS ACCOUNT NUMBER

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CLEARING HOUSE NUMBER:

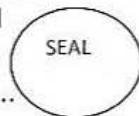
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TEL. NUMBER: 1 2

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).



STOCKBROKING FIRM DETAILS.

STOCKBROKING FIRM:.....

MEMBER CODE:

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

(2).....

CLIENT'S BANK DETAILS (COMMERCIAL BANKS ONLY)

BANK NAME:.....

BANK BRANCH:.....

ACCOUNT NUMBER:

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TYPE OF ACCOUNT

(Please tick the type of account)

Current

Savings

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

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

**Only one bank account to be used for this purpose*

**Managed accounts will be Brokers bank account*