



www.cscsnigeria.com

IDENTIFICATION FORM

USER LOGIN NAME/NICKNAME : _____

FULL NAME (Surname first): _____

E-MAIL ADDRESS : _____

TELEPHONE NUMBER: _____

USER CODE / CSCS NO.(CHN): _____

USER TYPE : _____

AMOUNT PAID :

AMOUNT IN WORDS :
.....
.....

- PLEASE NOTE THAT PAYMENT SHOULD BE MADE IN FAVOUR OF **CENTRAL SECURITIES CLEARING SYSTEM LTD** AT ANY OF THE DESIGNATED BANKS BELOW AND ENSURE YOU VISIT www.cscsnigeria.com TO REGISTER ONLINE BEFORE SUBMITTING THIS FORM FOR ACTIVATION.

- UBA** A/C No. **0002-0030008755**
- GTBank** A/C No. **1501667/1/1/2**

FOR RESIDENT STOCK BROKING FIRM'S USE ONLY

We confirm that the subscriber is an account holder with us.

Stockbroking Firm
Accredited Rep.
Signature/Stamp/Date

Stockbroking Firm
Accredited Rep.
Signature/Stamp/Date