

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@cscsnigeria.com Website: www.cscsnigeria.com

Telephone Number: 01-4622379

(FORM 002)

ACCOUNT TYPE: PERSONAL CORPORATE MANAGED ACCT.

PERSONAL DETAILS

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

[Grid for client name]

AFFIX PASSPORT PHOTOGRAPH



[Grid for CSCS account number]

CSCS ACCOUNT NUMBER

[Grid for clearing house number]

CLEARING HOUSE NUMBER:

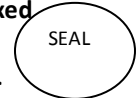
[Grid for clearing house number]

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:

[Grid for member code]

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

(2).....

BANK DETAILS

FORMER BANK DETAILS

BANK NAME:.....BANK BRANCH.....

ACCOUNT NUMBER:

[Grid for former bank account number]

TYPE OF ACCOUNT

Current Savings

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

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

CURRENT BANK DETAILS

BANK NAME:.....BANK BRANCH.....

ACCOUNT NUMBER:

[Grid for current bank 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