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@cscsnigerialtd.com Website: www.cscsnigerialtd.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:

AFFIX PASSPORT PHOTOGRAPH

CSCS ACCOUNT NUMBER:

CLEARING ACCOUNT NUMBER

BANK ACCOUNT DETAILS

Banker……

Account Name & Number……

Sort Code ……MM/DD/YR A/C was opened ……BVN……

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).

SEAL

……

STOCKBROKING FIRM DETAILS

STOCKBROKING FIRM:……

MEMBER CODE:

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

(2)……

……

CLIENT'S BANK DETAILS (COMMERCIAL BANKS ONLY)

BANK NAME: ……

BANK BRANCH……

ACCOUNT NUMBER:

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