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: 01-4622379 **(FORM002)**

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 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.)
……
SEAL

STOCKBROKING FIRM DETAILS.

STOCKBROKING FIRM:……

MEMBER CODE

AUTHORISE 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**