

REGISTRATION FORM FOR SECURITIES EXCHANGES

Ν	o te: (1) (2) (3)	(acknowledgement copy).	n provide CSCS with a list of neir stead for the purpose of	Affix Passport
==	Name	of the Securities Exchange		
2.	Office	e Address:		
				• • • • • • • • • •
3.	Conta	uct Persons: (a)		•••••
		(b)		•••••
4.	Tel:			
5.	E-Mai	l:		
6.	The	e following documents must accompany the form:		
	(a) (b)	A copy of Memorandum and Articles of Association ce		
7.	opera	ate Card – To be completed by those who are authorized t ations of the account. (A recent passport photograph each of the andate card)	-	
		DECLARATION		
	rmation	provided herein are true and correct, and hereby agree y liability that may arise as a result of any misrepresentation	e to indemnify and hold harr	that the nless CSCS
		Company Secretary	Signature/Date	
		Managing Director/CEO	Signature/Date	



SIGNATURE MANDATE CARD

NAME OF THE SECURITIES EXCHANGE							
NAME OF THE SECORITIES EXCHANGE	CSCS AUTHORISATIO						
BUSINESS ADDRESS:							
TELEPHONE NO: E-MAIL	:						
GROUP A NAME	SIGNATURE						
1							
2							
3							
4							
GROUP B NAME	SIGNATURE						
1							
2							
3							
4							



REGISTRATION FOR DATA EXCHANGE ONLINE ACTIVATION

Participants are required to list the details of their staff as provided in the table below. They are responsible for the exchange of data/information with CSCS.

Note: The list which must not exceed five (5) personnel shall include the Operators (responsible for uploads) and Supervisors (approving Officer).

S/No.	Names	Roles	E-mail	Phone No
1				
2				
3				
4				
5				

