

REGISTRATION FORM FOR CP ISSUING, PLACING & COLLECTING AGENT (IPCA), ISSUING & PLACING AGENT (IPA) & DEALING MEMBERS (DM)

- Note:** (1) The entries must be clear and comprehensible
 (2) This form shall be completed by the applicant and a duplicate copy of same is required (acknowledge copy).
 (3) CSCS will furnish the applicant with the details of account after creation
 (4) CSCS requires that the authorized signatories on the application form provide CSCS with a list of authorized signatories (Mandate card attached) who could act in their stead for the purpose of executing counterpart forms relating to CP transactions in the event that both initial signatories are unable to execute same forms.

1. Name of the Institution.....

2. Office Address

.....

.....

3. CSCS CHN (For existing account)

4. Agent Type (Please tick): IPCA IPA DM

5. Contacts:

(a)

.....

(b)

.....

6. Tel:

GSM:

Fax:E-Mail.....

7. The following must accompany the form:

- (a) A copy of Memorandum and Articles of Association certified by the CAC
- (b) Annual eligibility fee of ₦56,000 + 7.5% VAT payable to CSCS Plc.

8. **Mandate Card** – To be completed by those who are authorized to give CSCS instructions on the operations of the account. *(A recent passport photograph each of the authorized signatories is to be attached on the mandate card)*

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DECLARATION

We, (.....) declare that the information provided herein are true and correct, and hereby agree to indemnify and hold harmless CSCS against any liability that may arise as a result of any negligence, fraud and/or misrepresentation based on the above details.

.....
Company Secretary

.....
Signature/Date

.....
MD/CEO

.....
Signature/Date

Seal

Document Classification - CSCS Confidential (YELLOW) - External

SIGNATURE MANDATE CARD

CENTRAL SECURITIES CLEARING SYSTEM PLC		
SIGNATURE CARD		
NAME OF THE INSTITUTION:		CSCS AUTHORISATION
BUSINESS ADDRESS:		
TELEPHONE NO:	E-MAIL:	
GROUP A	NAME	SIGNATURE
1		
2		
3		
4		
GROUP B	NAME	SIGNATURE
1		
2		
3		
4		
SIGNING INSTRUCTION		

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				

Authorised Signatory

Authorised Signatory