

**ELIGIBILITY FORM FOR INSTITUTIONAL SPECIAL ACCOUNT HOLDER IN THE CLEARING HOUSE  
SYSTEM**

Affix  
passport  
photograph

- Note:** (1) The entries must be clear and comprehensible.  
 (2) This form should be completed (in duplicate) by the applicant.  
 (3) Two (2) recent passport photographs of the individual applying for the special account or on behalf of the family, with the individual's signature appended at the back.

TYPE (Please tick):      INDIVIDUAL       FAMILY       OTHERS (Please specify).....

1. Investor's name:.....

2. Date of Birth..... Gender (Please tick)      Male       Female

3. Address:.....

4. Tel:..... E-mail:.....

5. State of Origin..... L.G.A.....

6. Mother's maiden name.....

7. Next of Kin.....

8. Next of Kin Tel. No.....

9. Name of Bank:.....

10. Bank Account No:.....

11. Bank Verification No (BVN).....

12. The following document must accompany the form:

- (a) Annual eligibility fee of ₦10,000 for family and ₦5,000 for individual payable to CSCS Plc.
- (b) Entrust Token fee for data exchange activation (one – off) for new application - ₦ 10,000 for family and ₦2,000 for individual

13. 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)

**Note: For family special account where a signatory (ies) is no longer authorized to sign-off, CSCS requires that you write to inform it of this development and request that the signatory (ies) be removed from your existing mandate at CSCS. Where the family fails to inform CSCS of this development, CSCS shall not be liable for actions taken/documents signed by these individual(s) based on your family special account existing mandate and shall consider their actions/signatures on documents valid for all intents and purposes.**

**DECLARATION**

We/I, (.....) 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.

.....  
Signature/Date

.....  
Signature/Date

# 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/Members 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 via the online portal.

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

S/N	NAMES	ROLES	E-MAIL	PHONE NO.
1				
2				
3				
4				
5				

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**Authorised Signatory**

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**Authorised Signatory**