CSCS-JSA

ELIGIBILITY FORM FOR JOINT SPECIAL ACCOUNT 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 Officer applying on behalf of the Company, bearing at the back, the signature of the Chief Executive Officer (CEO).

MARKET (Please tick): NSE ☐ NASD ☐ LCFE ☐

1. Name of Institution:……
2. Office Address:……
   ……
3. Contacts: (a)……(b)……
4. Telephone No:……E-mail:……
5. Company Registration (RC) No. ……Issue Date……
6. Name of Settlement Bank:……
7. Address of Settlement Bank……
8. Bank Account No:……
9. Bank Verification No (BVN)……
10. The following document must accompany the form:

    (a) A copy of Memorandum and Articles of Association certified by the CAC.
    (b) Evidence of payment of eligibility fee of ₦145,600 + 7.5% payable to CSCS Plc. Annual renewal fee is ₦36,400 + plus 7.5% VAT

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

Note: Where your Company's authorized signatory (ies) is/are no longer in your employment and/or have ceased to be your Company's signatory (ies), CSCS requires that you write to inform it of this development and request that the signatory (ies) be removed from your Company's existing mandate at CSCS. Where your Company fails to inform CSCS of this development, CSCS shall not be liable for actions taken/documents signed by these individual(s) based on your Company's existing mandate and shall consider their actions/signatures on documents valid for all intents and purposes.

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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.

…… ……
Company Secretary **Signature/Date**

Seal

…… ……
MD/CEO **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 BROKERS PORTAL 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				

Authorized Signatory

Authorized Signatory