

www.cscsnigerialtd.com **IDENTIFICATION FORM**

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BEFORE SUBMITTING THIS FORM FOR ACTIVATION, PLEASE VISIT CSCS WEBSITE <u>www.cscsnigerialtd.com</u> and register online. see registration procedure for details.

USER LOC	GIN NAME/NICK	NAME :		
FULL NAN	ME (Surname first	r):		
E-MAIL A	DDRESS	:		
TELEPHO	NE NUMBER:			
USER TYP				
AMOUNT PAID		: N	DATE PAID :	
DESIGNATED BANK AMOUNT IN WORDS		: UBA	☐ GTBANK	
		:		
CEN		RITIES CLEARING	OULD BE MADE IN FAVOUR OF SYSTEM LTD AT ANY OF TH	
1. 2.	UBA GTBank	A/C No. 0002-0030008755 A/C No. 2031501667/1/1/2		
	FOR RESID	DENT STOCK BROK	ING FIRM'S USE ONLY	
	We confirm t	that the subscriber is	an account holder with us.	
G. 11				
Stockbroking Firm Accredited Rep.			Stockbroking Firm Accredited Rep.	
Signature/Stamp/Date			Signature/Stamp/Date	