



**integratedtrust**



**RC: 155399**

(MEMBER OF THE NIGERIAN STOCK EXCHANGE)

Tel: +234 (0)9015025992, (0)7030416997

E-mail: info@integratedtrustng.com

Address: Integrated Trust House (2<sup>nd</sup> Floor)  
61, Marina, Lagos, Nigeria.

**CORPORATE CLIENT'S REGISTRATION FORM**

**(PARTICULARS OF SHAREHOLDERS)**

DATE:...../...../20\_\_ BANK:.....BANK A/C NO.-----

BANK SORT CODE ----- DATE OF CREATION (BANK A/C)-----

NAME OF COMPANY/ORGANIZATION:-----

BANK VERIFICATION NUMBER:-----

NATURE OF BUSINESS:-----

DATE OF INCORPORATION:----- RC. NO:-----

BUSINESS ADDRESS:-----

MAILING ADDRESS:-----

PHONE NO:----- E-MAIL ADDRESS:-----

**LIST OF DIRECTORS**

1. NAME:----- ADDRESS:----- TEL NO:-----

2. NAME:----- ADDRESS:----- TEL NO:-----

3. NAME:----- ADDRESS:----- TEL NO:-----

4. NAME:----- ADDRESS:----- TEL NO:-----

**AUTHORISED SIGNATORIES**

NAME:----- SIGNATURE:----- DATE:-----

NAME:----- SIGNATURE:----- DATE:-----

NAME:----- SIGNATURE:----- DATE:-----

**CONTACT PERSON**

NAME:----- PHONE NO:-----

STATE /LOCAL GOVT.----- NATIONALITY:-----

SOURCE OF FUND:-----

**FOR OFFICIAL USE ONLY**

RECEIVED BY:----- BRANCH EXECUTIVE:-----  
NAME/SIGNATURE/DATE NAME/SIGNATURE/DATE

ACCOUNT OFFICER:----- FRONT DESK:-----  
NAME/SIGNATURE/DATE NAME/SIGNATURE/DATE

HEAD OF OPERATIONS:----- APPROVAL:-----  
NAME/SIGNATURE/DATE NAME/SIGNATURE/DATE

**Documents enclosed (Tick as appropriate)**

1. **Photocopy of Director's valid means of identification**
2. **Proof of Address (e.g., copy of any Recent Utility bill)**
3. **Photocopy of certificate of Incorporation**
4. **Photocopy of Forms CO2 & CO7 (Particulars of Shareholdings)**
5. **Board Resolution & list of authorized signatories**



# INVESTOR'S BANK ACCOUNT UPDATE FORM FOR DIRECT SETTLEMENT

CSCS Plc, Stock Exchange House (Floors 1, 12, 13, 14 & 15), 2/4, Customs Street, P.O.BOX 3168, Marina, Lagos State. E-Mail: [info@cscsnigeria.com](mailto:info@cscsnigeria.com) Website: [www.cscsnigeria.com](http://www.cscsnigeria.com)

Telephone Number: + 234 (1) 9033551

(FORM 001)

ACCOUNT TYPE: PERSONAL   
(Please Tick appropriately)

CORPORATE

### CLIENT'S DETAILS

NAME OF CLIENT (surname first) OR COMPANY'S NAME:

AFFIX  
PASSPORT  
PHOTOGRAPH

DATE OF BIRTH/CAC NO:.....

MOTHER'S MAIDEN NAME (where applicable).....

ADDRESS.....

### CSCS ACCOUNT NUMBER

|  |  |  |  |  |  |  |  |  |  |
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### CLEARING HOUSE NUMBER

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TEL. NUMBER: (1)..... (2).....

E-MAILADDRESS:(1).....(2).....

DO YOU OPT FOR DIRECT SETTLEMENT INTO YOUR BANK ACCOUNT? YES  NO

SIGNATURE: (1)..... (2).....

(For Corporate accounts, two authorized signatories must sign with their passports photographs affixed and company's Seal appended on this form).



### CLIENT'S BANK DETAILS (SETTLEMENT BANKS ONLY)

BANK NAME:.....

BANK BRANCH.....

### ACCOUNT NUMBER:

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### BANK VERIFICATION NUMBER (BVN)

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### TYPE OF ACCOUNT

(Please tick the type of account)

Current

Savings

### STOCKBROKING FIRM DETAILS.

MEMBER CODE: 

|  |  |  |  |  |
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STOCKBROKING FIRM:.....

AUTHORISED SIGNATORIES & COMPANY'S STAMP (1).....

(2).....