# CSCS CLIENT BANK UPDATE FORM

**CSCS Nig. Ltd., Stock Exchange House (Floors 1, 12 & 15), 2/4, Customs Street, P.O.BOX 3168, Marina, Lagos State. E-Mail: cscs@cscsnigerialtd.com Website: www.cscsnigerialtd.com**
**Telephone Number: 01-44622379** **(FORM 001)**

**ACCOUNT TYPE: PERSONAL** ☐ **MANAGED** ☐
**(Please Tick appropriately)**

**CLIENT'S DETAILS**

NAME OF CLIENT (SURNAME FIRST) OR COMPANY'S NAME:

AFFIX PASSPORT PHOTOGRAPH

CSCS ACCOUNT NUMBER

CLEARING HOUSE NUMBER:

TEL. NUMBER: 1 ……2……

E-MAIL ADDRESS:1……..2……..

SIGNATURE: (1)…… (2)……

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

…… ……..

**SEAL**

**STOCKBROKING FIRM DETAILS.**

STOCKBROKING FIRM:……

MEMBER CODE:

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

(2)……

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**CLIENT'S BANK DETAILS (COMMERCIAL BANKS ONLY)**

BANK NAME:……

BANK BRANCH……

ACCOUNT NUMBER:

TYPE OF ACCOUNT
(Please tick the type of account) Current ☐ Savings ☐

BANK AUTHORIZED SIGNATORIES: Name:……Sign:……..

Name:……Sign:……..

*Only one bank account to be used for this purpose
*Managed accounts will be Brokers bank account