



**www.cscsnigeria.com**  
**IDENTIFICATION FORM**

USER LOGIN NAME / NICKNAME:

FULL NAME (Surname first)

E-MAIL ADDRESS:

TELEPHONE NUMBER:

USER CODE / CSCS NO. (CHN):

USER TYPE:

AMOUNT PAID:

AMOUNT IN WORDS:

PLEASE NOTE THAT PAYMENT SHOULD BE MADE IN FAVOUR OF **CENTRAL SECURITIES CLEARING SYSTEM LIMITED** AT ANY OF THE DESIGNATED BANKS BELOW AND ENSURE YOU VISIT **www.cscsnigeria.com** TO REGISTER ONLINE BEFORE SUBMITTING THIS FORM FOR ACTIVATION.

1. **UBA**      **A/C NO: 0002-0030008755**

2. **GTBank**      **A/C NO: 1501667/1/1/2**

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FOR RESIDENT STOCK BROKING FIRM'S USE ONLY

**We confirm that the subscriber is an account holder with us.**

**Stockbroking Firm**

Accredited Rep

Signature / Stamp / Date

**Stockbroking Firm**

Accredited Rep

Signature / Stamp / Date