

ELIGIBILITY FORM FOR FUND MANAGERS IN THE CLEARING HOUSE SYSTEM

- Note:** (1) *The entries must be clear and comprehensible*
 (2) *This form shall be completed by the applicant and a duplicate copy of same is required (acknowledge copy).*
 (3) *CSCS will furnish the applicant with the details of account after creation*
 (4) *CSCS requires that the authorized signatories on the application form provide CSCS with a list of authorized signatories (Mandate card attached) who could act in their stead for the purpose of executing transactions*

1. Name of Fund Manager.....
2. Office Address
3. Contacts: (a)..... (b)
4. Mobile Number: Group E-Mail
5. Company's Registration No. (RC No.)
6. RC No. Date of Issue:
7. Name of Bank..... Bank Account No.....
8. Bank Verification Number (BVN):
9. Legal Entity Identification (LEI) Code..... BIC Code.....
10. The following document must accompany the form:
 - (a) A copy of Memorandum and Articles of Association certified by the CAC.
 - (b) New LEI registration fee of ₦28,000 + 7.5% VAT and subsequent ₦14,000 + 7.5% VAT annual renewal fee
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 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 DATA EXCHANGE 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/No.	Names	Roles	E-mail	Phone No
1				
2				
3				
4				
5				

Authorised Signatory

Authorised Signatory