



1ST FLOOR, LEFT WING, LABOUR
HOUSE CENTRAL BUSINESS
DISTRICT, ABUJA
TEL: 09-292 0546, 08094938042
EMAIL: headoffice@tiddosecurities.com
WEBSITE: www.tiddosecurities.com

CLIENT REGISTRATION FORM
(TO BE COMPLETED IN CAPITAL LETTERS)

INDIVIDUAL APPLICANT FORM

CSCS ☐ NASD ☐ LCFE ☐

Client's Declaration:

- (i) **I/We** understand that all payments by **me/us** to your company must be by **cheque** or **Bank credit advice** or **electronic transfer** in case of cash payment (i.e. your company will not accept liability for direct cash payment through any staff since it is against your company's policy). Payment for stocks sold will also be by **cheque** or **electronic transfer** in my/our name.
- (ii) Whenever **I/we** forward stocks for verification you should feel free to provide any required indemnity cover for same to the relevant Registrar and charge **my/our** account accordingly.
- (iii) Whenever **my/our** account(s) fall into debit you are free to offset same against **my/our** stockholding(s).

1. **Title:** _____ 1.b Gender _____
2. **Surname:** _____
3. **Other Names:** _____
4. **Date of Birth:** _____
5. **Mother's Maiden Name:** _____
6. **Permanent Home Address:** _____

7. **State of Origin/ Local Govt:** _____
8. **Country:** _____ 8b. **Nationality:** _____
- 8c. **Marital Status:** _____
9. **Current Contact/Postal Address:** _____

10. **Do you opt for CSCS Ltd Direct Settlement into your Bank Account?** Yes ☐ No ☐
11. **Tel:** _____
12. **Occupation:** _____
13. **E-MAIL:** _____
14. **CSCS/NASD A/C No (If any):** _____
- 15a. **Main Bankers** (Name and Address): _____
- 15b. **Bank Account Name:** _____
- 15c. **Bank Account Number:** _____ 15d. **BVN:** _____
- 15e. **Date Bank Account was opened:** _____ **TIN:** _____ **NIN:** _____
- 15f. **Source of Funds:** _____
16. **NEXT OF KIN/GUARDIAN** Relationship: _____
Name: _____ Phone No: _____
Address: _____ CSCS/CHN No (if any) _____
17. **Email:** _____
18. **Applicant's Signature(s)** (1) _____ (2) _____

Please Attach Photocopy of Driver's License, International Passport (Bio data page) or National ID Card (Complemented by Official Identity Card) as well as Utility Bills (Rent, Electricity or Water Board).

19. For Official use

Date Opened: _____

Passport No.: _____

Other Identification: _____

Reference: _____

Contact Staff/Branch: _____

Approved: _____

Contact: Abuja (08094938042), Lagos (08095359013), Kaduna (08091008015), Yola (08095359016)