

TIDDO SECURITIES LIMITED

(Please Attach Two Passport Size Photographs)

1ST FLOOR, LEFT WING, LABOUR HOUSE CENTRAL BUSINESS DISTRICT, ABUJA

TEL: 09-292 0546,08094938042

EMAIL: headoffice@tiddosecurities.com
WEBSITE: www.tiddosecurities.com

Client's Declaration:

CLIENT REGISTRATION FORM

(TO BE COMPLETED IN CAPITAL LETTERS)

CORPORATE APPLICANT FORM

CSCS NASD LCFE

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

(v)	whenever I/we forward stocks for verifi		vide any required indemnity	
(*)	cover for same to the relevant Registrar			
(vi)	Whenever my/our account(s) fall in stockholding(s).	nto debit you are free to offse	et same against my/our	
1.	NAME OF COMPANY:			
2.	RC NO:			
3.	DATE OF INCORPORATION:			
4.	NATURE OF BUSINESS:			
5.	REGISTERED OFFICE:			
6.	HEAD OFFICE ADDRESS:			
7.	STATE OF ORIGIN/LOCAL GOVT:			
8.	Country:	8b. Nationality:		
9.	CURRENT CONTACT/ POSTAL ADDRESS:			
	-			
	Do you Opt for CSCS Ltd Direct Settlement int		No	
	E-MAIL:			
	WEBSITE:			
	CSCS/NASD A/C NO (IF ANY):			
	. MAIN BANKERS (Name and Address):			
	. BANK ACCOUNT NAME:			
	BANK ACCOUNT NUMBER:	154 DVW.		
	DATE BANK ACCOUNT WAS OPENED:			
	Source of Funds:	IIN:	- NIN:	
101.	Source of Funds.			
16.	AUTHORIZED SIGNATORIES: NAME	POSITION	SIGNTURE	
	i			
	11.			
	iii.			
	ase Attach Photocopy of Driver's License, mplemented by Official Identity Card) as well as			
17	For Official use			
Dat	e Opened:			
Pas	sport No.:			
Oth	er Identification:			
Ref	erence:			
Con	tact Staff/Branch:			
Ann	roved			