N-DSP Form 2b

Registration as an Authorized Trader

Instructions:

A) *This form should be completed by each applicant who wants to register with NASD as an Authorized Trader.*

B) *Applicants must be CIS qualified and undergo NASD's induction course on the responsible use of the Trading Network to complete the accreditation process.*

C) *Please attach evidence of payment of applicable fees.*

D) *Kindly affix two recent passport photographs with the applicant's name and signature at the back.*

PERSONAL DETAILS	
Applicant's full Name (Surname first):	
Change of Name (If applicable, please give details):	
Residential address:	
Designation:	Telephone:
Date of Birth:	State of Origin:
Email:	Nationality:
Are you a SEC registered individual? **Yes** **No**	
Date of Employment:	Full time or Part time:

DETAILS OF SPONSORING FIRM
Full Name:
Office address:
Telephone:
Email:
Website:

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PROFESSIONAL QUALIFICATION			
Date of Examination	**Qualification**	**Date Obtained**	**Name of Institution or Professional Body**

REFEREES		
Name	**Address**	**Designation**
1.		
2.		
3.		

SUPPORTING DOCUMENTS

- In support of your application to register as an Authorized Trader, kindly attach and tick copies of the documents attached to this form:

1	Two recent passport photographs with name and signature at the back	
2	Detailed and comprehensive curriculum vitae showing dates and explaining any gaps therein	
3	Evidence of SEC registration	
4	Evidence of payment of applicable fees	
5	Proof of residential address of applicant (Certified copy of a utility bill)	
6	Letter of Employment	
7	Evidence of CIS membership	
8	Letter from sponsoring firm authorizing that the applicant trader be registered with NASD to carry out trades for its clients	

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Registration as an Authorized Trader

NASD reserves the right to request for additional information and documentation.

AUTHORIZATION AND AFFIRMATION

This information is provided by [ ][1] for the purpose of registering the applicant as an Authorized Trader on the NASD Digital Securities Platform. This is to certify that we are officers of this company and have the legal authority to provide information in respect of this application. We declare that to the best of its knowledge, the above information provided is true and correct as of this date and will promptly notify NASD if any change occurs.

Please note that the sponsoring firm has a continuing duty to update this application whenever there is a change to the information previously given.

Name of Director:	Name of Company Secretary:
Signature:	Signature:
Date:	Corporate Seal:

CONSENT STATEMENT

I hereby authorize NASD to process and share my personal data with other accredited organisations or agencies in accordance with NDPR (Nigeria Data Protection Regulation).
I am aware that I may withdraw my consent at any time by using Withdrawal of Consent form - attached.

Name of Applicant
Signature:
Date

OFFICIAL USE ONLY

Request actioned:
Data Protection Officer
Date:

[1] Insert name of sponsoring firm here