

FORM SEC 4A (To be completed in duplicate)

APPLICATION FORM FOR THE REGISTRATION OF TRUSTEES UNDER THE INVESTMENTS AND SECURITIES ACT 2007

Name of App	neant				
Current Offic	e Address				
Telephone nu	mber	Fax No_	Fax No		
Date of Incorp	ooration				
Previous Add	ress (if any)				
Date of Comr	mencement of Busines	ss			
Bankers and I	Branch(es) in which T	rust Account(s) is/are main	ntained		
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	han a C Danasah sa				
	ber of Branches				
State num					
State num Capital S	tructure:		35.95. F		
State num Capital S i. At	tructure: nthorized: NSh	nares of Neach amoures of Neach amour	unting to N		
State num Capital S i. Au ii. Iss	tructure: athorized: NSh aued: NSha	nares of Neach amo	unting to N		
Capital S i. Au ii. Iss iii. Pa	tructure: nthorized: NSh sued: NShare id up: NShare	nares of Neach amoures of Neach amoures of Neach amou	unting to N		
Capital S i. Au ii. Iss iii. Pa	tructure: nthorized: NSh sued: NShare id up: NShare	nares of Neach amour	unting to N		

11. PARTICULARS OF TRUSTEESHIP (WITHIN THE LAST 2 YEARS)

	Title of Scheme	Year Commenced	Current Yes/No	Reasons for Termination						
12.		If the applicant is a Division/Department/Subsidiary of a registered company, state the name of the principal Company:								
13.	State below the Public Compar	e number of client nies: Quote Unquo	d:	:						
14.	undelivered. Dividend/Intere	est warrants	Perio	following documents outstanding with you od coveredNcoveredN						
15.	What are the m	nain reasons for no	on delivery?							
16.	Briefly desc Deeds/Securition		available	for the safekeeping of trust						
17.	* *	•		ing money on behalf of clients pending eficiaries for whatever reasons?						
18.	State total amo	unt of Client's mo	oney now or	utstanding with you?						
19.	How does the a	applicant account	for Client's	money referred to in (18) above?						

State the basis upon which the applicant is remunerated for services rendered:

20.

21.	Give details and value of Fidelity Bonds entered into in respect of your employees:							
	AFFIDAVIT							
	I,	Director/Secretary(Full Name)						
	Of	(Full Name) (Name of Applicant Company)						
	Hereby 1) 1 (2) 1	 that I have been duly authorised to sign this form on behalf of the company; that the statement of facts made and information given on this form are to the best of my knowledge and belief true and correct 						
		DEPONENT						
SEORN to	at the _	Court						
This		day of						
		BEFORE ME						
		COMMISSIONER FOR OATHS						