



**APPLICATION FORM FOR REGISTRATION OF SECURITIES CLEARING,  
SETTLEMENT, DEPOSITORY AND CUSTODIAL AGENCY UNDER THE  
INVESTMENTS AND SECURITIES ACT 2007**

1 Registered Name: \_\_\_\_\_

2. Registered Address \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

3. Date of Incorporation \_\_\_\_\_

4. Previous title or name if different from that given in (1) \_\_\_\_\_

5. State reasons for the change in name \_\_\_\_\_  
\_\_\_\_\_

6. State type of and settlement Registration: Clearing and Settlement \_\_\_\_\_

Depository \_\_\_\_\_

Custodial \_\_\_\_\_

7. (i) State special statute(s) if any guiding your business.

(ii) Does transaction time vary with branches, if so, give details:  
\_\_\_\_\_  
\_\_\_\_\_

**8 QUALIFICATION FOR PARTICIPATION AND USE OF FACILITIES**

(a) State briefly requirements as to qualification for participation and use of facilities  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) (1) State present number of participants and users of facilities (state categories)  
\_\_\_\_\_

(ii) No. of stock broking participants \_\_\_\_\_

(iii) No. of sub- brokers affiliated to or sponsored by stockbrokers \_\_\_\_\_

(iv) No. of other corporate users/participants \_\_\_\_\_

(v) No. of individuals participating and using facilities \_\_\_\_\_

(C) State criteria for eligibility of members of Council Office \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(d) Is there any undertaking in force by participants and users of facilities serving on the council of the agency, and who are also directors of issuers participating or using facilities of the Agency to avoid conflict of interest in such dual capacity? If so, give details

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

## 9 CAPITAL STRUCTURE

Authorized N----- (-----Shares of N-----each)

Issued N----- (-----Shares of N-----each)

Paid-Up N----- (-----Shares of N-----each)

## 10 OPERATIONAL FACILITIES

(a) Indicate what facilities are provided by ticking where applicable below and also adding the remarks "available" or "to be provided" as the case may be.

(i) Strong rooms \_\_\_\_\_

(ii) Computers \_\_\_\_\_

(iii) Work stations \_\_\_\_\_

(iv) Telephones and fax \_\_\_\_\_

(v) Quotation board \_\_\_\_\_

(vi) Stock Price Electronic Display Devise \_\_\_\_\_

(vii) Stock Printers \_\_\_\_\_

(viii) Inquiry Display Equipment \_\_\_\_\_

(ix) Fire Proof Cabinets \_\_\_\_\_

(x) Circuit breaker \_\_\_\_\_

(xi) Back up facilities \_\_\_\_\_

(xii) Other facilities \_\_\_\_\_

(b) Describe briefly how the information gathering and distribution system employed by the Agency for the market as a whole: \_\_\_\_\_

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(c) Does the agency have Software maintenance agreement? If yes, give details

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11 **CLEARING AND SETTLEMENT PROCEDURES**

Describe the clearing and settlement procedures employed by the Agency:

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12 **DEPOSITORY AND CUSTODIAL PROCEDURES**

Describe the depository and custodial procedures employed by the Agency

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**13 BRANCHES**

(a) Addresses of Branches

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_
4. \_\_\_\_\_
5. \_\_\_\_\_
6. \_\_\_\_\_

14 (1) **INSPECTION OF PARTICIPANTS' ACTIVITIES**

(a) Do you perform inspectorate duties over your participants and users of your facilities?

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(b) How often is the inspection done yearly on average? \_\_\_\_\_

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(c) State briefly the purpose of inspection \_\_\_\_\_

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(d) Has any of your participants or users of facilities within the last five years received any form of  
reprehension arising from your inspectorate findings? If so, give details

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2 (a) Is the Agency operating any compensation fund assuaging the public for failure of its  
participants? If so, give details \_\_\_\_\_

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(b) If not, what plan do you have establish one \_\_\_\_\_

15 COUNCIL OFFICIALS

| Name | Age | Title | Position Occupied | Date Employed | Terms of Employment |
|------|-----|-------|-------------------|---------------|---------------------|
|      |     |       |                   |               |                     |

16 \*PRINCIPAL/EXECUTIVE OFFICER

| Name | Age | Title | Position Occupied | Date Employed | Terms of Employment |
|------|-----|-------|-------------------|---------------|---------------------|
|      |     |       |                   |               |                     |

\* Principal Officers include Chief Executive, Deputy and Departmental Heads.

17. **AFFIRMATION** (To be completed under the Agency seal). We hereby affirm that the statements in 1-16 above together with attachments are to the best of our knowledge and belief true and correct.

Countersigned:.....signed.....  
CHAIRMAN/PRESIDENT OF COUNCIL                      CHIEF EXECUTIVE OFFICER

**NOTE:**

- 1 In addition to the information expressly required, please furnish also any further material information necessary to make the information supplied above not misleading.
  
- 2 Where spaces provided in this form are not adequate, information required may be supplied on additional sheet duly certified.
  
- 3 The completed form should be accompanied by:
  - (a) Two copies of Memorandum and Articles of the Agency certified by the Corporate Affairs Commission;
  - (b) Rules and regulations of the Agency currently in force;
  - (c) Instruction and inspection manual of participants' activities;
  - (d) Code of conduct/ ethics for participants and staff;
  - (e) audited accounts of the Agency;
  - (f) Profile of the Agency including the organizational structure, members of the Governing Council and Principal/ Executive Officers of the Agency;
  - (g) Completed application forms for the registration of at least three (3) Principal /Executive officers of the Agency.