



**APPLICATION FORM FOR REGISTRATION OF BODY OR ASSOCIATION OF SECURITIES DEALERS 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 (i) State special statute(s) if any guiding your business \_\_\_\_\_

(ii) Does dealing time vary with branches? If so, give details. \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

7. **MEMBERSHIP**

(a) State briefly requirements as to qualification for membership: \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(b) i. No. of brokerage dealing firms \_\_\_\_\_

ii. No. of Merchant Banks: \_\_\_\_\_

iii. No. of individual in membership: \_\_\_\_\_

(c) List below the code of ethics in use of governing members' professional conduct intense: \_  
\_\_\_\_\_  
\_\_\_\_\_

(d) State criteria for eligibility of membership of the Board of Directors of the Company:

- (e) Is there any undertaking in force by members serving on the Board of Directors of the Company, and who are also Directors of companies being traded through NASD to avoid conflicts in such dual capacity? If so, give details

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8. **CAPITAL STRUCTURE**

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

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

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

9. **MARKET INFORMATION 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. Automated quotation facilities for members: \_\_\_\_\_

ii. Stock Printers: \_\_\_\_\_

iii. Inquiry Display Equipment: \_\_\_\_\_

iv. Back-up facilities: \_\_\_\_\_

- (b) Describe briefly below the information gathering and distribution system employed by the company for its members use.

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10. **BRANCHES**

- (a) Address of Branches

1. \_\_\_\_\_

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

(b) Give details of any examination(s) organised by your Association in furtherance of understanding the Rules and Practice of the securities market in Nigeria. Back this up with relevant syllabus. \_\_\_\_\_

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\_\_\_\_\_

**11. (1) INSPECTION OF MEMBERS ACTIVITIES**

a) Do you perform inspectorate duties over your members? \_\_\_\_\_

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

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

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

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

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\_\_\_\_\_

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\_\_\_\_\_

(2) Is the Association to the best of your knowledge and belief, operating any Compensation Fund for assuaging the public for the failure of its members. If so, give details. \_\_\_\_\_

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\_\_\_\_\_

**12. BOARD OF DIRECTORS**

NAME	AGE	TITLE	POSITION OCCUPIED	DATE APPOINTED	TERMS OF APPOINTMENT

**PRICIPAL/EXECUTIVE OFFICERS**

NAME	AGE	TITLE	POSITION OCCUPIED	DATE OF EMPLOYMENT	TERMS OF EMPLOYMENT

Principal Executive Officers including Chief Executive, Deputy and Departmental Heads.

14. Affirmation (to be completed under the seal of the Company)

We hereby affirm that the statements furnished in 1 to 13 above together with the attachments are to the best of our knowledge and belief true and correct.

Countersigned: \_\_\_\_\_  
**Chairman of the Board of Directors**

Signed: \_\_\_\_\_  
**Secretary**