

SECURITIES DEPOSIT FORM (CSD FORM 3)

NAME OF DEPOSITORY PARTICIPANT:

Client CSD Account No.: Date:

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(DD/MM/YYYY)

Client Account Name:

Particulars of Security

Certificate Number	Security Symbol / Identification No.	Volume/Number of Shares
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.....
.....
.....
.....
.....
.....

Total No. of Certificates:

Total No. of Shares:

Declaration

I/We hereby certify that:

- (a) I/We have the proper authority to deposit the above mentioned securities in the above mentioned Securities Account
- (b) I/We am/are the genuine holder(s) of the above mentioned securities

.....
Name Signature/Thumbprint Date: (DD/MM/YYYY)

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.....
Name Signature/Thumbprint Date: (DD/MM/YYYY)

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Depository Participant Declaration:

I/We hereby certify that I / we have verified the above information and that:

- (1) to the best of our knowledge and information, the name of the securities account holders as it appears on the Account opening form/screen and on the deposit form refer to the same person.
- (2) the person signing the deposit form has the proper authority to do so and I/we agree that the necessary documentary evidence will be made available upon request.

.....
(Name of Authorised Signature)

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Date: (DD / MM/YYYY)

Stamp:

For Registrar's Use Only

<p>.....</p> <p>Name Signature Date (DD/MM/YYYY)</p>			<p>Approve (Accept) Reject / Stamp:</p>
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CT 465 Cantonments, Accra, Ghana
Tel: (233-0302) 689313/4
Fax: (233-0302) 689315
Email: info@csd.com.gh

Client CSD Account No.:

Volume/Number of Shares

Signature/Thumbprint of Investor