

(Name)

(sign)

(date)

Central Securities Depository (GH) Ltd. 4th Floor Cedi House
PMB CT 465 Cantonments, Accra, Tel: (233-0302) 689313/4
Fax: (233-0302) 689315 Email: info@csd.com.gh

SECURITIES DEPOSIT FORM (CSD FORM 3)

NAME OF DEPOSITORY PARTICIPANT:		
Client CSD Account No.:		Date:(dd / mm / yy)
Client Account Name:		, , , , , , , , , , , , , , , , , , , ,
	Particulars of Security	
Certificate Number	Security Symbol / Identification No.	Volume/Number of Shares
Total Number of Certificates:		Total Number of Shares:
	Declaration	
Name:	Signature/Thumbprint: Signature/Thumbprint:	(DD/MM/YY)
	Depository Participant Declaration:	
I/We hereby certify that I / we have ver	. , ,	
Account opening form/screer (2) the person signing the depos	and information, the name of the securities account he name on the deposit form refer to the same person. it form has the proper authority to do so and I/we agree made available upon request.	
(Name/Authorised Signature)	Date: (DD / MM/ YY)	Stamp:
	For Registrar's Use Only	
	Approve (Accept) Rejec	t / Stamp: