

Transfer of Status as Authorised Trader



In order to transfer your status as an Authorised Trader on the NASD OTC Market, the sponsoring firm must be registered with NASD as a Participating Institution.

The Applicant shall immediately communicate the change in his/her employment status to NASD by submitting a duly completed NASD Form 5b.

The NASD Form 5b should be accompanied by the following documents:

- Copy of letter of employment with current Participating Institution.
- Copy of letter of Termination/Resignation from previous Participating Institution.
- Copy of the Applicant's Certificate of Induction issued after the NASD Induction course.
- Evidence of payment of Transfer fee of ₦15, 000 (Fifteen Thousand Naira only).

Name of Applicant:	
Current residential address:	
Trader Identification Number:	
Name and Address of Current Employer:	
Name and Address of Previous Employer:	
Date of Resignation:	

I confirm that there have been no changes in the information given at the time of registration, If there are changes, please give details

I certify that to the best of my knowledge, the above statements are true and correct and I undertake to notify NASD of any changes therein.

DATE

SIGNATURE OF APPLICANT

Transfer of Status as Authorised Trader



We affirm and certify that as officers of the sponsoring Participating Institution, we are aware of this application and declare that to the best of our knowledge, the above information provided is true and correct as of this date.

COMPANY SECRETARY

SIGNATURE OF DIRECTOR

DATE

NAME OF DIRECTOR

CONSENT STATEMENT

I have read and fully understand NASD PLC's [Privacy Policy](#) (please click the link or visit NASD's Website to read NASD's Privacy Policy).

I hereby authorize NASD to process and share my personal data with other accredited organisations or agencies in accordance with the Nigeria Data Protection Regulation.

I understand that this consent may be withdrawn at any time by communicating my intention to NASD at legalcompliance@nasdng.com.

Name of Principal Officer	Name of Enquiries Contact	Name of Compliance Contact	Name of Authorised Trader
Signature:	Signature:	Signature:	Signature:
Date	Date	Date	Date

OFFICIAL USE ONLY

Request actioned:

Data Protection Officer

Date: