

UPDATE OF RECORD WITHS NASD OTC SECURITIES EXCHANGE

Participating Institution	Authorized Representatives	Authorized Trader(s)
Name: Registered Address: Current Address: Website:	i. Principal Contact – (MUST BE MD/CEO) <ul style="list-style-type: none"> • Name: • Tel: • Email: • Designation: • Signature 	<ul style="list-style-type: none"> • Name: • Tel: • Email: • Signature <ul style="list-style-type: none"> • Name: • Tel: • Email: • Signature <ul style="list-style-type: none"> • Name: • Tel: • Email: • Signature
	ii. Enquiries Contact – <ul style="list-style-type: none"> • Name: • Tel: • Email: • Designation: • Signature 	
	iii. Compliance Contact – <ul style="list-style-type: none"> • Name: • Tel: • Email: • Signature 	

CONSENT STATEMENT

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 I understand that this consent may be withdrawn at any time by communicating my intention to NASD at legalcompliance@nasdng.com.