



ECCSD

EASTERN CARIBBEAN CENTRAL SECURITIES DEPOSITORY LTD

#R20 -

APPLICATION FOR A COPY OF THE INITIAL INVESTOR ID LETTER

CATEGORY	DATA TO BE ENTERED
Indicate how you want to receive your letter (fax, email, post): <i>Give contact details (e.g. if fax needed give fax number)</i>	
Name (PLEASE PRINT):	
Address:	
Issuer Name(s)	
1)	5)
2)	6)
3)	7)
4)	8)
Attach copy of proof of payment	
Signature:	Date:
Name/Stamp of Broker Dealer: <i>(If Broker Dealer is requesting on behalf of client)</i>	
Name of Representative/Principal:	
Signature:	Date:
For Office Use Only:	Remarks:
Entered By:..... Signature:..... Date..... Checked By:..... Signature:..... Date..... Authorised By:..... Signature:..... Date.....	