



**CDS/FORM/07**

**PERSONAL INFORMATION CHANGE REQUEST FORM**  
(To be submitted and delivered to the Director Financial Markets)

**2 Mirambo Street**  
**P.O. Box 2939**  
**11884 Dar es Salaam, Tanzania**  
**Tel: +255 22 223 3565/3530    Date: .....**

AFFIX  
PHOTOGRAPH  
HERE

I hereby request to change information registered with the CDS in the name (Registered name)..... with securities account number .....

**Reason(s) for change**.....

<b>CDP NAME</b>	
<b>CDP SECURITIES ACCOUNT NO</b>	

**1. APPLICANTS DETAILS TO BE CHANGED**

Please fill information which needs to be changed and attach evidence

<b>A</b>	Name of Account						
<b>B</b>	Address						
<b>C</b>	Telephone						
<b>D</b>	E-mail						
<b>E</b>	Tax Status ( <i>If exempt provide evidence</i> )		<b>Not Exempt</b>		<b>Exempt</b>		
<b>F</b>	Passport #						
<b>G</b>	Voter ID #						
<b>H</b>	Driving License #						
<b>I</b>	National ID #						
<b>J</b>	Country of Residence						
<b>K</b>	Region of Residence				<b>EAC</b>		
					<b>SADC</b>		
					<b>Diaspora</b>		
<b>L</b>	Occupation						
<b>M</b>	Employer						
<b>N</b>	Employment ID #						
<b>O</b>	Date of Birth ( <i>DD-MM-YYYY</i> )						
<b>P</b>	Mobile No.						

**2. SETTLEMENT BANK DETAILS TO BE CHANGED**

BANK DETAILS		
<b>A</b>	Bank Name	
<b>B</b>	Branch Name	
<b>C</b>	Account No.*	
<b>D</b>	Name of Account*	

Yours faithfully ..... (Full Name)

..... (Authorized Signature)