



APPLICATION TO OPEN A CDS SECURITIES ACCOUNT

(To be submitted and delivered to the Director Financial Markets)

Manager Financial Markets
2 Mirambo Street
P. O. Box 293
11884 Dar es Salaam, Tanzania
Tel: +255 22 223 3565/3530

I / We hereby apply to open a CDS securities account with the following details which I/We confirm to be correct.

Date.....

1. APPLICANTS DETAILS

JOINT ACCOUNT DETAILS

NAME OF ACCOUNT	
CDS ID (if any)	

FIRST HOLDER DETAILS			
A	Name		
B	Address		
C	E-mail		
D	TIN# & Place of Issue		
E	Nationality		
F	Country of Residence		
G	Region of Residence		EAC
			SADC
			Diaspora
H	CDS ID (if any)		
I	Tax Status (If exempt provide evidence)	<input type="checkbox"/>	Not Exempt
		<input type="checkbox"/>	Exempt
J	Passport # & Place of Issue Expiry Date (DD-MM-YYYY)		
K	Voter ID #		
L	Driving License #		
M	National ID #		
N	Occupation		
O	Employer		
P	Employment ID #		
Q	Date of Birth (DD-MM-YYYY)		
R	Mobile No.		

SECOND HOLDER DETAILS			
A	Name		
B	Address		
C	E-mail		
D	TIN# & Place of Issue		
E	Nationality		
F	Country of Residence		
G	Region of Residence		EAC
			SADC
			Diaspora
H	CDS ID <i>(if any)</i>		
	Tax Status <i>(If exempt provide evidence)</i>		Not Exempt
			Exempt

I	Passport # & Place of Issue Expiry Date (DD-MM-YYYY)								
J	Voter ID #								
K	Driving License #								
L	National ID #								
M	Occupation								
N	Employer								
O	Employment ID #								
P	Date of Birth (DD-MM-YYYY)								
Q	Mobile No.								

THIRD HOLDER DETAILS			
A	Name		
B	Address		
C	E-mail		
D	TIN# & Place of Issue		
E	Nationality		
F	Country of Residence		
G	Region of Residence		EAC
			SADC
			Diaspora
H	CDS ID <i>(if any)</i>		
I	Tax Status <i>(If exempt provide evidence)</i>		Not Exempt
			Exempt
J	Passport # & Place of Issue Expiry Date (DD-MM-YYYY)		
K	Voter ID #		
L	Driving License #		
M	National ID #		
N	Occupation		
O	Employer		
P	Employment ID #		
Q	Date of Birth (DD-MM-YYYY)		
R	Mobile No.		

NB: Fill another form if the Joint account is for more than three (3) holders.

2. SETTLEMENT BANK DETAILS

BANK DETAILS		
A	Bank Name	
B	Account No.*	
C	Name of Account*	
D	Postal address	
E	Telephone	
F	E-mail	

**NB: Name of Account shall correspond with CDS Account Name.*

3. PERSONS AUTHORIZED TO OPERATE THE CDS SECURITIES ACCOUNT

	NAME OF AUTHORIZED SIGNATORY			SPECIMEN SIGNATURE
	Surname	First name	Middle name	
A				
B				
C				
D				

4. CATEGORY OF THE CDS SECURITIES ACCOUNT HOLDER

Please use the category of the account holder indicated as annex of this application (annex to CDS form 2) that best describes the applicant to complete this section.

Category of Account Holder

Class

5. MANDATE FOR OPERATING CDS SECURITY ACCOUNT

I / We hereby agree to operate a CDS securities account in accordance with the rules prescribed in the Central Depository System Dealing Agreement and the Central Depository System Rules and Operational Guidelines; and request you to honor any instructions bearing signature(s) provided above (and on your specimen signature cards).

Authorized Signature

Authorized Signature