



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

MINOR ACCOUNT DETAILS

| | | | | | | | | | | |
|-----------------------------------|--|--|--|--|--|--|--|--|--|--|
| NAME OF ACCOUNT | | | | | | | | | | |
| CDS ID (if any) | | | | | | | | | | |
| Date of Birth (DD-MM-YYYY) | | | | | | | | | | |

| GUARDIAN DETAILS | |
|-------------------------|--|
| A | Name |
| B | Relationship |
| C | Address |
| D | E-mail |
| E | TIN# & Place of Issue |
| F | Nationality |
| G | Residence |
| H | Region of Residence |
| | EAC |
| | SADC |
| | Diaspora |
| I | CDS ID (if any) |
| J | Tax Status (If <i>exempted</i> provide evidence) |
| | Not Exempted |
| | Exempted |
| K | Passport # & Place of Issue Expiry Date (DD-MM-YYYY) |
| | |
| L | Voter ID # |
| M | Driving License # |
| N | National ID # |
| O | Occupation |

| | | |
|----------|-----------------------------------|--|
| P | Employer | |
| Q | Employment ID # | |
| R | Date of Birth <i>(DD-MM-YYYY)</i> | |
| S | Mobile No. | |

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: The Account Number and Account Name shall be that of the Minor and shall correspond.*

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