

EQUITIES PURCHASE ORDER FORM

(SUBJECT TO THE RULES AND PRACTICE OF THE DAR ES SALAAM STOCK EXCHANGE)

CSD NO: _____

CLIENT'S DETAILS:

FULL NAME(S):		TITLE:	
TELEPHONE NUMBER(S):		CLIENT REF:	
PASSPORT/IDENTITY NUMBER:		BRANCH:	
POSTAL (P.O. BOX) ADDRESS:		NATIONALITY:	
E-MAIL ADDRESS:		COUNTRY:	
BANK NAME:		ACCOUNT NO:	

SECURITIES TO BE PURCHASED:

ORDER				
NO	DATE	SECURITIES	NO OF SHARES	MAXIMUM PRICE

TERMS & CONDITIONS:

By signing this Purchase Order Form:

I confirm that I have been informed of the terms and conditions of the service in accordance with section 64(1) of the Capital Markets Act and accept the same.

I/We authorize KADOO SECURITIES C. LIMITED to purchase the above securities on my/our behalf in accordance with the above instructions.

Name of Client: _____ Signature: _____ Date: _____

Name of Interviewing Officer: _____ Signature: _____ Date: _____

Phone No: _____

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