



CDS/FORM/02

APPLICATION TO OPEN A CDS SECURITIES ACCOUNT

(To be submitted in duplicate and delivered to the Manager Financial Markets)

Manager Financial Markets

Bank of Tanzania

P.O.Box 2939

Dar es Salaam

Date:

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

1. Details of the Account holder

A	Name of Account	
B	Address	
C	Telephone	
D	Fax	
E	E-mail	
F	TIN# & Issue Place	
G	Nationality	
H	CDS ID (if any)	
I	Company registration number	
J	Tax status (If <i>exempted</i> provide evidence)	<input type="checkbox"/> Not Exempt <input type="checkbox"/> Exempt

Additional information for individuals

K	Passport#	
L	Voter ID #	
M	Driving license #	
N	National ID#	
O	Employer & Employment ID #	
P	Date of Birth (DD-MM-YYYY)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Q	Mobile No.	

2. Settlement bank Details

A	Bank Name	
B	Branch Name	
C	Account No.	
D	Address	
E	Telephone	
F	Fax	
G	E-mail	

3. Persons authorized to operate the CDS securities account

	Name of Authorized Signatory			Specimen Signature
	Surname	First name	Middle name	
A				
B				
C				
D				

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 Dealing Manual; and request you to honor any instructions bearing signature(s) provided above (and on your specimen signature cards).

Authorized Signature

Authorized Signature

**Annex to CDS Form 2
Account Holder Categories Information Sheet**

Category of Account holder		Class
1	Bank of Tanzania Code	Bank of Tanzania
		BOT special Funds
2	Government Agencies	Central Government
		Government of Zanzibar
		Local Government
		Parastatals
3	Banks	Non-Banks Financial Institution
		Regional Banks
		Community banks
		Deposit Money Banks
4	Trust Companies	Pensions Fund
		Provident Fund
		Trust Fund
		Social Security Regulatory Authority
5	Insurance Companies	Commissioner of Insurance
		Insurance Company
		Insurance Broker
6	Other Financial Institutions	Credit Institution
		Bureau De Change
7	Market Intermediaries	Authorized Dealer
		Capital Markets and Securities Authority
		Dar es Salaam Stock Exchange
		Mortgage Finance Company
		Broker
8	Individuals	Individual
9	Others	Manufacturing Firm
		Commercial Enterprise
		Non-Government Organization
		Social Group
		Religious Group
		Educational Group
		Micro-Finance Institution
		Co-operative
		Other Official Entities
		Medical Health Schemes
		Professional Organization
		Health Institution



Attachment to CDS Form 02

SPECIMEN SIGNATURE CARD

(To be submitted in duplicate and delivered to the Manager Financial Markets)

<p>AFFIX PHOTOGRAPH 1 HERE</p>	<p>Manager Financial Markets Bank of Tanzania Date:</p>										
<p>AFFIX PHOTOGRAPH 2 HERE</p>	<p>I the undersigned hereby request to open a CDS securities account in the name (entitled Name) Address..... Telephone..... Fax..... Email.....</p>										
<p>AFFIX PHOTOGRAPH 3 HERE</p>	<p>I/ We hereunder agree to conform to the rules governing the CDS securities account within the Central Depository System Dealing Service. The specimen signature(s) for person(s) who may be given the mandate to sign on my behalf are:</p>										
<p>AFFIX PHOTOGRAPH 4 HERE</p>	<table border="0"><thead><tr><th data-bbox="553 1140 1105 1178">SIGNATORIES:FULL NAME</th><th data-bbox="1114 1140 1435 1178">SIGNATURE</th></tr></thead><tbody><tr><td data-bbox="553 1209 1105 1247">1.</td><td></td></tr><tr><td data-bbox="553 1272 1105 1310">2.</td><td></td></tr><tr><td data-bbox="553 1335 1105 1373">3.</td><td></td></tr><tr><td data-bbox="553 1398 1105 1436">4.</td><td></td></tr></tbody></table> <p>The specimen card is returned herewith by the applicant of the CDS securities account indicated on CDS Form 2</p> <p>Yours faithfully(Full Name)(Signature)</p>	SIGNATORIES:FULL NAME	SIGNATURE	1.		2.		3.		4.	
SIGNATORIES:FULL NAME	SIGNATURE										
1.											
2.											
3.											
4.											

For Official Use Only

Originated By: _____ **Sign** _____ **Date** _____

Verified By: _____ **Sign** _____ **Date** _____

Approved By: _____ **Sign** _____ **Date** _____

Authorized Dealer CDS ID: _
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Authorized Dealer CDS SEC . A/C: _

Remarks: _____