

KINONDONI ROAD, 1<sup>ST</sup> FLOOR, TOGO TOWER P.O. BOX 4441, DAR ES SALAAM-TANZANIA TEL: +255 22 266 6031 EMAIL: <u>Info@optimacorporate.co.tz</u> WEBSITE: www.optimacorporate.co.tz

Policy for acceptance of clients

Client's Name

We are required to obtain the following information from you before we can offer our brokerage service.

	PHONE	EMAIL	WEB
KINONDONI ROAD, TOGO TOWER, P.O. Box 4441 Dar es Salaam	+255 22 266 6031		

## PLEASE NOTE INFORMATION SHOULD BE FILLED IN BLOCK CAPITAL LETTERS

Policy Details					
Policyholder/Trustee					
Title: Mr.	Mrs. Miss. Dr. Prof				
Surname					
Forenames(s)					
Physical Address					
Mobile	Mail				
I.D (Retail/Inst)					
Date of Birth					
Nationality					
Bank Name:					
Branch Name:					
Account Name:					
Account No:					
Career Orientation					
Signature & Date					
Full Name					

## For Office Use Only

Investment Mandate Sign Off
Investment Officer
Investment Classification: Retail Professional Institution
Benchmark
Signed Dated
Compliance
AML documentation in order
Client Screening Completed
Signed Dated