

PO

LICENSED DEALING MEMBER OF THE DAR ES SALAAM STOCK EXCHANGE

PURCHASE ORDER FORM

Please use CAPITAL LETTERS

Name in Full:
Postal Address:

Declaration:

By signing the purchase authorisation form I/We undertake that:

I/We authorise to buy on my/our behalf:
Shares/Bonds (quantity)
(In words)
Of security at the maximum price-per-share of Tshs
or better price (please tick) on (date):
Limit Order or by (date):

Signature:	Date:
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JOINT ACCOUNT HOLDERS

The first account holder should fill in the boxes above. Other persons, holding the account with the first holder should insert their names in CAPITAL LETTERS and sign in the box below.

I/We join in the declaration set out above.

Title	Forename(s) in full	Surname	Signature

Subject to the Rules and Practices of the DSE