



CDS/FORM/02A

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

SOLE HOLDER'S ACCOUNT DETAILS

| | |
|------------------------|--|
| NAME OF ACCOUNT | |
| CDS ID (if any) | |

| | | |
|----------|----------------------------------------------------|-----------------------------------------------------------------------------------|
| A | Postal Address | |
| B | Physical Address | |
| C | Telephone | |
| D | E-mail | |
| E | Tax Identification Number | |
| F | Nationality | |
| G | Country of Residence | |
| H | Region of Residence | |
| | | EAC |
| | | SADC |
| | | Diaspora |
| I | Company Registration Number | |
| J | Tax Status (<i>If exempted provide evidence</i>) | <input type="checkbox"/> Not Exempt <input type="checkbox"/> Exempt |

Additional Information for Individuals

| | | | | | | | | | |
|----------|----------------------------------------------------------------|--|--|--|--|--|--|--|--|
| 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> | <input type="text"/> |
| 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: Name of Bank Account shall correspond with CDS Account Name*

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 honour any instructions bearing signature(s) provided above (and on your specimen signature cards).

Authorized Signature

Authorized Signature

Annex to CDS Form 2A
Account Holder Categories Information Sheet

| Category of Account holder | | Class |
|-----------------------------------|------------------------------|------------------------------------------|
| 1. | Bank of Tanzania | BOT Open Market Operations |
| | | BOT Special Funds |
| 2. | Government Agencies | Central Government |
| | | Government of Zanzibar |
| | | Local Governments |
| | | Parastatals |
| 3. | Banks | Non-Banks Financial Institution |
| | | Regional Banks |
| | | Community Banks |
| | | Deposit Money Banks |
| 4. | Trust Companies | Pensions Funds |
| | | Provident Funds |
| | | Unit Trust |
| | | 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 |
| | | Joint |
| | | Minor |
| 9. | Others | Manufacturing Firm |
| | | Commercial Enterprise |
| | | Non-Government Organization (NGO) |
| | | 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 2A
SPECIMEN SIGNATURE CARD**

(To be submitted and delivered to the Director Financial Markets)

| | |
|-------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|
| <p align="center">AFFIX PHOTOGRAPH 1 HERE</p> | <p>Director Financial Markets Bank of Tanzania</p> |
| <p align="center">AFFIX PHOTOGRAPH 2 HERE</p> | <p>Date:</p> |
| <p align="center">AFFIX PHOTOGRAPH 3 HERE</p> | <p>I the undersigned hereby request to open a CDS securities account in the name</p> |
| <p align="center">AFFIX PHOTOGRAPH 4 HERE</p> | <p>Address.....</p> |
| | <p>Telephone.....</p> |
| | <p>Email.....</p> |
| | <p>I/ We hereunder agree to conform to the rules governing the CDS securities account within the Central Depository System Dealing Service.</p> |
| | <p>The specimen signature(s) for person(s) who may be given the mandate to sign on my behalf are:</p> |
| | <p>SIGNATORIES: FULL NAME SIGNATURE</p> |
| | <p>1.</p> |
| | <p>2.</p> |
| | <p>3.</p> |
| | <p>4.</p> |
| | <p>The specimen card is returned herewith by the applicant of the CDS securities account indicated on CDS Form 02</p> |
| | <p>Yours faithfully(Full Name)</p> |
| | <p>.....(Signature)</p> |

For Central Depository Participant Official Use Only

Originated By: _____ **_Sign** _____ **_Date** _____

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

Approved By: _____ **Sign** _____ **_Date** _____

Central Depository Participant CDS ID:

Central Depository Participant CDS SEC. A/C:

Remarks:
