



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

JOINT ACCOUNT DETAILS

NAME OF ACCOUNT	
CDS ID (if any)	

FIRST HOLDER DETAILS			
A	Name		
B	Address		
C	E-mail		
D	TIN# & Place of Issue		
E	Nationality		
F	Country of Residence		
G	Region of Residence		EAC
			SADC
			Diaspora
H	CDS ID (if any)		
I	Tax Status (If exempt provide evidence)	<input type="checkbox"/>	Not Exempt
		<input type="checkbox"/>	Exempt
J	Passport # & Place of Issue Expiry Date (DD-MM-YYYY)		
K	Voter ID #		
L	Driving License #		
M	National ID #		
N	Occupation		
O	Employer		
P	Employment ID #		
Q	Date of Birth (DD-MM-YYYY)		
R	Mobile No.		

SECOND HOLDER DETAILS			
A	Name		
B	Address		
C	E-mail		
D	TIN# & Place of Issue		
E	Nationality		
F	Country of Residence		
G	Region of Residence		EAC
			SADC
			Diaspora
H	CDS ID (if any)		
	Tax Status (If exempt provide evidence)		Not Exempt
			Exempt

I	Passport # & Place of Issue Expiry Date (DD-MM-YYYY)								
J	Voter ID #								
K	Driving License #								
L	National ID #								
M	Occupation								
N	Employer								
O	Employment ID #								
P	Date of Birth (DD-MM-YYYY)								
Q	Mobile No.								

THIRD HOLDER DETAILS			
A	Name		
B	Address		
C	E-mail		
D	TIN# & Place of Issue		
E	Nationality		
F	Country of Residence		
G	Region of Residence		EAC
			SADC
			Diaspora
H	CDS ID (if any)		
I	Tax Status (If exempt provide evidence)		Not Exempt
			Exempt
J	Passport # & Place of Issue Expiry Date (DD-MM-YYYY)		
K	Voter ID #		
L	Driving License #		
M	National ID #		
N	Occupation		
O	Employer		
P	Employment ID #		
Q	Date of Birth (DD-MM-YYYY)		
R	Mobile No.		

NB: Fill another form if the Joint account is for more than three (3) holders.

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

Authorized Signature

Authorized Signature

Annex to CDS Form 2B
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 2B
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..... Telephone..... 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. 2. 3. 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 _____ **Sign** _____ **Date** _____
By:

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

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

Central Depository Participant CDS ID:

Central Depository Participant CDS SEC. A/C:

Remarks:
