



CDS/FORM/07

PERSONAL INFORMATION CHANGE REQUEST FORM
(To be submitted and delivered to the Director Financial Markets)

2 Mirambo Street
P.O. Box 2939
11884 Dar es Salaam, Tanzania
Tel: +255 22 223 3565/3530 Date:

AFFIX
PHOTOGRAPH
HERE

I hereby request to change information registered with the CDS in the name (Registered name)..... with securities account number

Reason(s) for change.....

CDP NAME	
CDP SECURITIES ACCOUNT NO	

1. APPLICANTS DETAILS TO BE CHANGED

Please fill information which needs to be changed and attach evidence

A	Name of Account						
B	Address						
C	Telephone						
D	E-mail						
E	Tax Status (<i>If exempt provide evidence</i>)		Not Exempt		Exempt		
F	Passport #						
G	Voter ID #						
H	Driving License #						
I	National ID #						
J	Country of Residence						
K	Region of Residence				EAC		
					SADC		
					Diaspora		
L	Occupation						
M	Employer						
N	Employment ID #						
O	Date of Birth (<i>DD-MM-YYYY</i>)						
P	Mobile No.						

2. SETTLEMENT BANK DETAILS TO BE CHANGED

BANK DETAILS		
A	Bank Name	
B	Branch Name	
C	Account No.*	
D	Name of Account*	

Yours faithfully (Full Name)

..... (Authorized Signature)