

SOLOMON Stockbrokers Limited

Member of Dar es Salaam Stock Exchange and Authorized Dealer of Government Securities

Tel:(+255) 22 2112874 / 2124495, Mob: 0764 269090 / 0714 269090

e-Mail: solomonstockbrokers@solomon.co.tz OR wekeza@solomon.co.tz

PURCHASE ORDER FORM

(Subject to the Rules and Practices of the DSE)

APPLICANT'S DETAILS

Full Name(s)		Title	
Telephone Number(s)		CDS A/C	
Identity Number/Reg No		Region	
Postal Address		Nationality	

SECURITIES TO BE PURCHASED

Date	Time	Securities	No Of Shares	Price

Declaration of the Investor:

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

I/We authorize **SOLOMON Stockbrokers Limited** to buy on my/our behalf in accordance with the above instructions.

Name of client:

Signature & Date:

Name of Interviewing Officer:

Stamp & Signature:

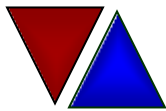
Payment instructions & Amount:

Bank Name: CRDB BANK Plc

Branch: AZIKIWE

Account Name: SOLOMON Stockbrokers Limited

Account No: 01J1026728800



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CLIENTS INFORMATION FORM - INDIVIDUAL

Surname..... Other Names.....

Business Name.....Reg.No.....

Nationality.....ID No/Passport No.....

Marital Status..... Occupation.....

Date of Birth.....E-mail.....

Political Exposed Person Not Political Exposed Person

Physical address-Building.....Floor.....

P.O. Box.....Town..... Road/Street.....

TelephoneFax.....

Bank Details

Account No Account Name.....

Banker Name Branch

Source of Fund

Next of Kin

Surname..... Other Names.....

P.O. Box..... Road/Street..... Town.....

Relationship.....

TelephoneFax.....

Signature.....Date.....Time.....

E-mail.....

For Official use only

Name of Supervisor

Signature and Stamp