



# UNIT TRUST OF TANZANIA UMOJA Unit Trust Scheme (UMOJA FUND)



## ACCOUNT OPENING FORM

(Please obtain the details of your Investor Account No. from UTT Call Centre before filling up this form)

Agent Code... **002** .....

Agent Name: **SOLOMON Stockbrokers** .....

<b>Investor Account No.</b> (pls furnish details)	<b>Stamp of Collecting Office alongwith receiving official signature</b>	<b>UTT Inward No.</b>

1. Please fill in all the particulars in Boxes with Block Letters. Use one Box for one alphabet /number. It is mandatory to furnish details against fields marked as **RED** in the form.
2. Kindly furnish the details of Investor Account Number (after obtaining the same by calling UTT Call Centre).
3. The duly filled form should be submitted to the office of UTT or its designated agent (i.e. at any branch of CRDB).

<b>Applicant's Category</b> (pls √ the relevant)	A. Resident Citizen of Tanzania <input type="checkbox"/>	Non Resident Citizen of Tanzania <input type="checkbox"/>	Others <input type="checkbox"/>
	B. Individual	Male <input type="checkbox"/>	Female <input type="checkbox"/>
<b>Holding Basis</b> (pls √ the relevant)	Singly <input type="checkbox"/>		Jointly (pls furnish details at SN. 22-33) <input type="checkbox"/>
<b>Occupation</b> (pls √ the relevant)	Agriculture <input type="checkbox"/>	Employed <input type="checkbox"/>	Self Employed <input type="checkbox"/> Business <input type="checkbox"/> Others <input type="checkbox"/>

SN	APPLICANT'S DETAILS
1	Surname (for individuals) – 1 <sup>st</sup> Applicant / Minor
2	First name (for individuals) – 1 <sup>st</sup> Applicant / Minor
3	Middle name (for individuals) – 1 <sup>st</sup> Applicant / Minor
4	Date of Birth of the Minor / 1 <sup>st</sup> Applicant (DD-MM-YYYY)
5	Surname of parent/guardian/sponsor (in case of a minor)
6	First Name of parent/guardian/sponsor (in case of minor)
7	Middle Name of parent/guardian/sponsor (in case of minor)
8	For Corporate applicants (Name in full of the Body Corporate / Local Govt. Authority / Pension or Society Fund / Cooperative Society / Charitable or religious trust etc.)
9	P.O. Box No.
	Town (Post Office Location)
	District
	Region
10	Telephone Number (if available)
11	E-mail Address (if available)
<b>1<sup>st</sup> APPLICANT IDENTIFICATION DETAILS</b> (Pls furnish whichever is applicable / available. However it is mandatory to furnish at least one Identification Number)	
12	Election Card Number
13	Passport Number
14	Registration Number (for Corporates)
15	Driving Licence Number
16	Vehicle Registration Number
17	Employer ID Number
18	Pension Fund ID Number
19	Tax Identification Number (TIN)
<b>INVESTMENT DETAILS</b>	
20	Indication of investment option (Please √ the relevant box)      Income option <input type="checkbox"/> Re-investment option <input type="checkbox"/>

(form continued on the reverse)

<b>Unit Trust of Tanzania</b> <b>Umoja Unit Trust (Umoja Fund)</b> <b>Acknowledgement Slip</b> (Collecting Office should detach this portion and handover the same to investor for their records)	
Investor Account Number	
Processing Agent Code	
Name of 1st Applicant or Corporate Applicant	
Stamp of Collecting Office alongwith receiving official signature :	

SN		BANK PARTICULARS OF THE 1st APPLICANT									
21	Bank name										
	Branch name & address										
	Account No										
	Account Type (Please ✓ relevant box)	Savings	<input type="checkbox"/>	Current	<input type="checkbox"/>	Others	<input type="checkbox"/>				

DETAILS OF 2 <sup>nd</sup> APPLICANT - INDIVIDUAL (if any)											
22	Surname										
23	First name										
24	Middle name										
25	Date of Birth										

2 <sup>nd</sup> APPLICANT IDENTIFICATION DETAILS (Pls furnish whichever is applicable / available. However it is mandatory to furnish at least one Identification Number)											
26	Election Card Number										
27	Passport Number										
28	Registration Number (for Corporates)										
29	Driving Licence Number										
30	Vehicle Registration Number										
31	Employer ID Number										
32	Pension Fund ID Number										
33	Tax Identification Number (TIN)										

DETAILS OF NOMINEE (if any)											
34	Surname										
35	First name										
36	Middle name										
37	Date of Birth - if nominee is a minor (DD-MM-YYYY)										
38	Surname of parent/guardian/sponsor (if nominee is a minor)										
39	First Name of parent/guardian/sponsor (if nominee is a minor)										
40	Middle Name of parent/guardian/sponsor (if nominee is a minor)										
41	Nominee's Relationship with 1st Applicant										

DETAILS OF FOREIGN ADDRESS (to be furnished by Non Resident Applicant's)											
42	House / Office / Building / Street Number or Name										
	Town / City / State Name										
	Country Name										
	Postal Code Number (if any)										

SIGNATURE OF APPLICANT/S		
43	Name of the 1 <sup>st</sup> Auth. Signatory _____	Signature / Thumb Impression <sup>S</sup> of 1 <sup>st</sup> Applicant or of 1 <sup>st</sup> Authorized Sig. in r/o of Corporate applicant _____
	Designation _____	
44	Name of the 2 <sup>nd</sup> Auth. Signatory _____	Signature / Thumb Impression <sup>S</sup> of 2 <sup>nd</sup> Applicant or of 2 <sup>nd</sup> Authorized Sig. in r/o Corporate applicant _____
	Designation _____	
(For Corporate applicants, put the official stamp and signature in lieu of Declaration that the application has been sanctioned according to the organisation's constitution etc).		

45	Date (DD-MM-YYYY)										
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<sup>S</sup> To be filled if application is signed by Thumb Impression	
46	Name of Witness _____ Signature of Witness _____
	Address of Witness _____

**Notes:**

- 1.If the form is incomplete and any other requirement is not fulfilled, the form is liable to be rejected.
- 2.All communications relating to issue of Statement of Account, change in nomination, name, address, bank details and death claims etc., may please be addressed to the Registrar at the following address :



**Unit Trust of Tanzania**

Sukari House, 2<sup>nd</sup> Floor, Sokoine / Ohio Str., P.O.Box 14825, Dar es Salaam – Tanzania  
 Tel : +255 22 2128460 Toll Free Number: 0744 800544 & 0744 800455(Vodacom) Fax: +255 22 2137593  
 E-mail : uwekezaji@utt-tz.org Website : www.utt-tz.org



**UNITS WILL BE ISSUED SUBJECT TO THE PROVISIONS OF UMOJA UNIT TRUST SCHEME**