

SCHEME ACCOUNT OPENING FORM
FOMU YA KUFUNGUA AKAUNTI

Tafadhali weka panapohusika / Please the relevant category



Akaunti namba ya mwekezaji / Investor's Account Number:

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SEHEMU A / PART A

(1) Taarifa za mwekezaji binafsi / Individual Investor's personal information

Mtanzania Mkazi / Resident Citizen of Tanzania Mtanzania asiye mkazi / Non Resident Citizen of Tanzania Nyinginezo / Others

Mwanaume / Male

Mwanamke / Female

(2) Wawekezaji ambao ni Taasisi / Non-Individual Investors

Mfuko wa Pensheni / Pension Fund Benki / Bank Kikundi cha kijamii / Social group Nyinginezo / Others [Corporate Body, NGOs etc.]

(3) Kazi ya Mwekezaji / Investor's Occupation

Mkulima / Agriculture

Mwajiriwa / Employed

Mfanyabiashara / Business

Mstaafu / Retired

Mengineyo / Others

(4) Chanzo cha mapato ya fedha zitakazowekezwa / Source of funds to be invested

Mshahara / Salary

Biashara / Business

Vyanzo Vinginevyo / Other Sources

(5) Jinsi ya Umiliki / Holding Basis

Mmoja / Singly

Wawili / Jointly

(6) Jina la mwombaji wa kwanza: Binafsi au Taasisi / Name of the 1st Applicant: Individual / Non-Individual

Jina la Ukoo / Surname:

Jina la Kwanza / First Name:

Jina la kati / Middle Name:

Tarehe ya kuzaliwa / Date of Birth:

Tarehe / Date:

Mwezi / Month:

Mwaka / Year:

Jina la kampuni: (kwa taasisi) / Corporate Name: (for non-individual applicants)

Aina ya Kitambulisho / Type of Identification:

(Namba ya mpiga kura / Election Card , Namba ya pasipoti / Passport , Hati ya kuendesha gari / Driving Licence , Kitambulisho cha Uraia / National ID , Hati ya usajili wa kampuni, taasisi, kikundi n.k / Certificate of Registration for company, institution, groups etc)

Jaza namba ya kitambulisho / Identification Number:

SEHEMU B / PART B

HATI YA UTAMBULISHO / ACKNOWLEDGEMENT SLIP

Wakala atoe kipande hichi na kumkabidhi mwekezaji kwa ajili ya kumbukumbu) / (Collecting Agent should detach this portion and handover the same to the respective applicant for their records

Namba ya akaunti ya Mwekezaji / Investor Account Number:

Jina la muombaji / First Applicant Name:

Sahihi na Muhuri wa UTT AMIS au Wakala / Official signature and UTT AMIS or Collecting Agent dated stamp

(7) Jina la mwombaji wa pili (kwa wamiliki wawili) / Name of the 2nd Applicant (in case of Joint Holding)			
Jina la Ukoo / Surname:			
Jina la Kwanza / First Name:			
Jina la kati / Middle Name:			
Tarehe ya kuzaliwa / Date of Birth:	Tarehe / Date:	Mwezi / Month:	Mwaka / Year:
Aina ya Kitambulisho / Type of Identification: (Namba ya mpiga kura / Election Card <input type="checkbox"/> , Namba ya pasipoti / Passport <input type="checkbox"/> , Hati ya kuendesha gari / Driving Licence <input type="checkbox"/> , Kitambulisho cha Uraia / National ID <input type="checkbox"/> ,			
Jaza namba ya kitambulisho / Identification Number:			
(8) Jina la Mzazi / Mlezi (kama mwombaji wa kwanza yuko chini ya miaka 18) / Name of the Parent / Legal Guardian (where 1st applicant is a minor)			
Jina la Ukoo / Surname:			
Jina la Kwanza / First Name:			
Jina la kati / Middle Name:			
Tarehe ya kuzaliwa / Date of Birth:	Tarehe / Date:	Mwezi / Month:	Mwaka / Year:
(9) Anuani / Mailing Address			
Sanduku la Posta / P.O. Box No.:			
Wilaya / District:			
Mkoa / Region:			
Mji/Jiji/Jimbo / Town/City / State:			
Nchi ya Makazi / Country of Residence:			
Namba ya Simu / Phone No.:			
Barua pepe / Email Address:			
(10) Taarifa za benki za mwombaji wa Kwanza (muhiu) / Bank A/c Particulars of the 1st Applicant [mandatory]			
Jina la Benki / Bank Name:			
Jina la Tawi / Branch Name/location:			
Namba ya Akaunti / Account No.:			
Aina ya Akaunti / Account Type:	Akiba / Savings: <input type="checkbox"/>	Hundi / Current: <input type="checkbox"/>	Mengineyo / Others: <input type="checkbox"/>
(11) UTT SIMINVEST			
Ungependa kupata taarifa kwa simu yako kupitia UTT SIMINVEST? / Would you like to be registered to UTT SIMINVEST?			
Ndiyo / Yes <input type="checkbox"/>	Hapana / No <input type="checkbox"/>		
Weka namba ya simu / Put your mobile number:			
Weka namba nyingine za akaunti ambazo ungependa ziunganishwe / Put other accounts to be added on UTT SIMINVEST			
1.	2.	3.	4.

Kwa maelezo zaidi / For more information
Tafadhali wasiliana nasi kwa anuani ifuatayo / Please contact us through the following address:

UTT AMIS: 2nd Floor, Sukari House, Sokoine Drive / Ohio Street,
S.L.P. / P.O.Box 14825, Dar es Salaam | Simu / Tel: +255 22 2128460
Namba ya bure / Toll Free Number: 0800112020

Nukshi / Fax No: +255 22 2137593 | Barua pepe / Email: uwekezaji@uttamis.co.tz | Tovuti / Website: www.uttamis.co.tz



(12) Taarifa za Mrithi / Details of the Nominee				
S. No.	Majina kamili / Full names (Jina la kwanza / First name, Kati / Middle name & Ukoo / Surname)	Tarehe ya kuzaliwa / Date of birth	Asilimia ya umiliki / Percentage of ownership	Uhusiano / Relationship
1.				
2.				
3.				
4.				
Muhimu: Kama mrithi ni chini ya miaka 18 jaza taarifa zifuatazo / Note: If Nominee is a Minor, please furnish the below appended details				
Tarehe ya kuzaliwa ya Mzazi / Mlezi / Mfadhili / Date of Birth of parent / guardian / sponsor:				
Jina la Ukoo la Mzazi / Mlezi / Mfadhili / Surname of parent / guardian / sponsor:				
Jina la kwanza la Mzazi / Mlezi / Mfadhili / First name of parent / guardian / sponsor:				
Jina la kati la Mzazi / Mlezi / Mfadhili / Middle Name of parent / guardian / sponsor:				
(13) Sifa za Mifuko / Scheme Features				
13.1 Umoja Fund <input type="checkbox"/>		Growth Scheme <input type="checkbox"/>		
13.2 Wekeza Maisha <input type="checkbox"/>				
Kiwango cha Uwekezaji (Shilingi) / Chosen Contribution Amount (Tzs):				
Kwa tarakimu / In figures:		Kwa maneno / In words:		
Chaguo la kuwekeza (tafadhali / muhimu) / Investment option (please / the relevant)				
{A} Chaguo la kuweka akiba kwa awamu / Regular Contribution Option <input type="checkbox"/>				
Chaguo la malipo / Payment Option		Kila Mwezi / Monthly <input type="checkbox"/>	Kila miezi 6 / Half-Yearly <input type="checkbox"/> Kila mwaka / Yearly <input type="checkbox"/>	
{B} Chaguo la kuweka akiba kwa mkupuo / Single Contribution Option <input type="checkbox"/>				
Uthibitisho wa afya njema / Declaration of good health statement				
(A) Taarifa za Bima / Insurance information				
(a) Je umeshawahi kukataliwa maombi ya kujiunga na bima ya maisha/ajali na kampuni yoyote ya bima au umepewa huduma hiyo kwa gharama kubwa au utaratibu maalum? Have you ever been refused life/disability insurance, or has an insurance company offered you cover subject to a higher premium or on special terms?		Ndiyo / Yes <input type="checkbox"/>	Hapana / No <input type="checkbox"/>	
(b) Kama ndio, jaza jina la kampuni hiyo, aina ya hati ya bima na kiasi cha bima / If yes, please furnish the name of insurance, type of policy and amount insured for:				
(B) Taarifa za matibabu / Medical information				
(a) Je unafahamu ugonjwa/hali ya mwili wako ambayo inaweza kufupisha maisha yako? Are you aware of any medical or physical condition in your health that is likely to compromise the longevity of your life?		Ndiyo / Yes <input type="checkbox"/>	Hapana / No <input type="checkbox"/>	
(b) Tafadhali orodhesha jina na anuani ya muhudumu wako wa matibabu (isipokuwa wa macho au meno) aliyekutibu ndani ya miaka 5 na pia taja aina ya ugonjwa: Please furnish the name & address of your usual medical attendant and those of any medical practitioners (except dentists or opticians) who treated you during the last five years and state the illness:				
Jina la Daktari / Doctor's Name:		Aina ya ugonjwa / illness:		
Tarehe / Date:		Anuani / Address:		
(C) Uthibitisho / Declaration				
(a) Ninathibitisha kwamba taarifa zote za afya zilizotolewa hapa ni kweli. Taarifa hizi pamoja na za madaktari zitumike kuhakikisha afya njema na uwezo wa kushiriki katika mfuko. I declare that all statements made in this declaration of health are true. I agree that such statements, together with those made, or to be made, to the medical officer and signed by me, shall be the basis of any assurance granted under the said scheme;				
(b) Ninaidhinisha kwamba daktari/hospitali au taasisi ya afya yoyote kutoa taarifa za afya yangu ikihusisha majibu ya damu na ninakubali taarifa hizo zitolewe hata wakati wa kifo changu. I hereby irrevocably authorise any doctor, hospital, medical institution or other person who may be in possession of, or hereafter acquire, any information concerning my health, including the results of any blood tests, to disclose such information to the company. I agree that this authority shall remain in force after my unfortunate death as well as prior thereto				



Anza kuwekeza leo kwa kufungua akaunti ya UTT AMIS kupitia #SimInvest

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*Mshirika Hakika
katika Uwekezaji*



Asset Management and Investor Services



13.3 Watoto Fund <input type="checkbox"/>			
Jina la Mtoto Mnufaika / <i>Name of the Beneficiary Child</i>			
Jina la Ukoo / <i>Surname</i> :			
Jina la kwanza / <i>First Name</i> :			
Jina la Kati / <i>Middle Name</i> :			
Tarehe ya Kuzaliwa ya Mtoto Mnufaika (Muhimu) / <i>Beneficiary child's date of birth (Mandatory)</i>			
Tarehe / <i>Date</i> :		Mwezi / <i>Month</i> :	Mwaka / <i>Year</i> :
Jina la Mzazi / Mlezi Anayetambulika Kisheria / <i>Name of the Parent / Legal Guardian</i>			
Jina la Ukoo / <i>Surname</i> :			
Jina la kwanza / <i>First Name</i> :			
Jina la Kati / <i>Middle Name</i> :			
Tarehe ya kuzaliwa / <i>Date of birth</i> :			
Uhusiano wa Mwombaji na Mtoto Mnufaika / <i>Applicant's Relationship with the Beneficiary Child</i>			
Baba / <i>Father</i> <input type="checkbox"/>	Mama / <i>Mother</i> <input type="checkbox"/>	Mlezi / <i>Legal Guardian</i> <input type="checkbox"/>	Mengineyo / <i>Others</i> <input type="checkbox"/>
13.4 Jikimu Fund <input type="checkbox"/>			
Mipango ya utoaji gawio / <i>Income distribution options</i> :			
(i) Mpango wa gawio kwa Robo mwaka / <i>Quarterly Option</i> : Kiasi cha chini / <i>Minimum Investment</i> : Tshs. 2,000,000 <input type="checkbox"/>			
(ii) Mpango wa gawio kwa mwaka / <i>Annual Option</i> : Kiasi cha chini / <i>Minimum Investment</i> : Tshs. 1,000,000 <input type="checkbox"/>			
(iii) Mpango wa kuongeza vipande / <i>Reinvestment Plan</i> : Kiasi cha chini / <i>Minimum Investment</i> : Tshs. 5,000 <input type="checkbox"/>			
13.5 Liquid Fund <input type="checkbox"/>		Growth Scheme <input type="checkbox"/>	
13.6 Bond Fund <input type="checkbox"/>			
Mipango ya Uwekezaji / <i>Investment Options</i> :			
(i) Mpango wa mwezi / <i>Monthly Income Option</i> : Kiasi cha chini / <i>Minimum Investment</i> : Tshs. 10,000,000 <input type="checkbox"/>			
(ii) Mpango wa nusu mwaka / <i>Semi Annual Income Option</i> : Kiasi cha chini / <i>Minimum Investment</i> : Tshs. 5,000,000 <input type="checkbox"/>			
(iii) Mpango wa kuongeza vipande / <i>Reinvestment Plan</i> : Kiasi cha chini / <i>Minimum Investment</i> : Tshs. 50,000 <input type="checkbox"/>			
(14) Sahihi/Alama ya Dole Gumba ya Mwombaji na tarehe / Signature / Thumb Impression of the Applicant's with Date			
Mwombaji au mweka sahihi wa Kwanza / Mweka sahihi aliyeidhinishwa <i>Signature / Thumb Impression of the 1st authorized applicant</i>		Mwombaji au mweka sahihi wa pili au mweka sahihi wa pili aliyeidhinishwa <i>Signature / Thumb Impression of the 2nd authorized applicant</i>	
Jina / <i>Name</i> : _____		Jina / <i>Name</i> : _____	
Sahihi / <i>Signature</i> : _____		Sahihi / <i>Signature</i> : _____	
Tarehe / <i>Date (DD-MM-YYYY)</i> : _____		Tarehe / <i>Date (DD-MM-YYYY)</i> : _____	
14.1 Jinsi ya kuendesha akaunti / Authority to operate			
i. Mmoja anaweza kusaini / <i>Either to sign</i> <input type="checkbox"/> ii. Wawili kusaini / <i>Both or two to sign</i> <input type="checkbox"/>			
Kumbuka: Kwa mwombaji ambao ni taasisi / makampuni weka muhuri wa ofisi kuashiria kuridhia kwa ofisi / <i>Note: For corporate applicants, put the official stamp and signature in lieu of declaration that the application has been sanctioned according to the organization.</i>			
KWA MATUMIZI YA OFISI / FOR OFFICIAL USE			
Fomu imepitwa / <i>Document reviewed by</i>		Fomu imeidhinishwa na / <i>Document Approved by</i>	
Sahihi / <i>Signature</i> : _____		Sahihi / <i>Signature</i> : _____	
Jina / <i>Name</i> : _____		Jina / <i>Name</i> : _____	



Kwa maoni, maswali kuhusu huduma zetu,
wasiliana nasi bure kwa namba:

0800 112 020

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Thamani ya kipande inaweza kupanda au kushuka

*Mshirika Hakika
katika Uwekezaji*

