



CDS/FORM/02

**APPLICATION TO OPEN A CDS SECURITIES ACCOUNT**

(To be submitted in duplicate and delivered to the Manager Domestic Markets)

**Manager Domestic Markets**

**Bank of Tanzania**

**P.O.Box 2939**

**Dar es Salaam**

**Date:** .....

I / We hereby apply to open a CDS securities account with the following details which I/We confirm to be correct.

**1. Details of the Account holder**

<b>A</b>	Name of Account				
<b>B</b>	Address				
<b>C</b>	Telephone				
<b>D</b>	Fax				
<b>E</b>	E-mail				
<b>F</b>	TIN# & Issue Place				
<b>G</b>	Nationality				
<b>H</b>	CDS ID (if any)				
<b>I</b>	Company registration number				
<b>J</b>	Tax status (If <i>exempted</i> provide evidence)	<input type="checkbox"/>	<b>Not Exempt</b>	<input type="checkbox"/>	<b>Exempt</b>

**Additional information for individuals**

<b>K</b>	Passport#				
<b>L</b>	Voter ID #				
<b>M</b>	Driving license #				
<b>N</b>	National ID#				
<b>O</b>	Employer & Employment ID #				
<b>P</b>	Date of Birth (DD-MM-YYYY)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Q</b>	Mobile No.				

**2. Settlement bank Details**

<b>A</b>	Bank Name				
<b>B</b>	Branch Name				
<b>C</b>	Account No.				
<b>D</b>	Address				
<b>E</b>	Telephone				
<b>F</b>	Fax				
<b>G</b>	E-mail				

**3. Persons authorized to operate the CDS securities account**

	Name of Authorized Signatory			Specimen Signature
	Surname	First name	Middle name	
<b>A</b>				
<b>B</b>				
<b>C</b>				
<b>D</b>				

**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 Dealing Manual; 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 2  
Account Holder Categories Information Sheet**

<b>Category of Account holder</b>		<b>Class</b>
<b>1</b>	Bank of Tanzania Code	<b>Bank of Tanzania</b>
		<b>BOT special Funds</b>
<b>2</b>	Government Agencies	<b>Central Government</b>
		<b>Government of Zanzibar</b>
		<b>Local Government</b>
		<b>Parastatals</b>
<b>3</b>	Banks	<b>Non-Banks Financial Institution</b>
		Regional Banks
		Community banks
		<b>Deposit Money Banks</b>
<b>4</b>	Trust Companies	<b>Pensions Fund</b>
		<b>Provident Fund</b>
		<b>Trust Fund</b>
		<b>Social Security Regulatory Authority</b>
<b>5</b>	Insurance Companies	<b>Commissioner of Insurance</b>
		<b>Insurance Company</b>
		Insurance Broker
<b>6</b>	Other Financial Institutions	Credit Institution
		Bureau De Change
<b>7</b>	Market Intermediaries	Authorized Dealer
		Capital Markets and Securities Authority
		Dar es Salaam Stock Exchange
		Mortgage Finance Company
		Broker
<b>8</b>	Individuals	Individual
<b>9</b>	Others	Manufacturing Firm
		Commercial Enterprise
		Non-Government Organization
		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 02

**SPECIMEN SIGNATURE CARD**

(To be submitted in duplicate and delivered to the Manager Domestic Markets)

<p>AFFIX PHOTOGRAPH 1 HERE</p>	<p><b>Manager Domestic Markets</b> <b>Bank of Tanzania</b> <b>Date: .....</b></p>										
<p>AFFIX PHOTOGRAPH 2 HERE</p>	<p>I the undersigned hereby request to open a CDS securities account in the name (entitled .....Name)</p> <p>Address..... Telephone..... Fax..... Email.....</p>										
<p>AFFIX PHOTOGRAPH 3 HERE</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>AFFIX PHOTOGRAPH 4 HERE</p>	<table border="0"><thead><tr><th data-bbox="566 1146 1104 1178"><b>SIGNATORIES:FULL NAME</b></th><th data-bbox="1118 1146 1422 1178"><b>SIGNATURE</b></th></tr></thead><tbody><tr><td data-bbox="566 1213 1104 1245">1.</td><td></td></tr><tr><td data-bbox="566 1276 1104 1308">2.</td><td></td></tr><tr><td data-bbox="566 1339 1104 1371">3.</td><td></td></tr><tr><td data-bbox="566 1402 1104 1434">4.</td><td></td></tr></tbody></table> <p>The specimen card is returned herewith by the applicant of the CDS securities account indicated on <b>CDS Form 2</b></p> <p>Yours faithfully .....(Full Name) .....(Signature)</p>	<b>SIGNATORIES:FULL NAME</b>	<b>SIGNATURE</b>	1.		2.		3.		4.	
<b>SIGNATORIES:FULL NAME</b>	<b>SIGNATURE</b>										
1.											
2.											
3.											
4.											

**For Official Use Only**

**Originated By:** \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

**Verified By:** \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

**Approved By:** \_\_\_\_\_ **Sign** \_\_\_\_\_ **Date** \_\_\_\_\_

Authorized Dealer CDS ID:.....
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Authorized Dealer CDS SEC . A/C:....._
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**Remarks:** \_\_\_\_\_