



## CENTRAL DEPOSITORY PARTICIPANT APPLICATION

CDS/FORM/01

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

### Instructions for completing the application form

Applicants are advised to refer to the **Banking and Financial Institutions Act, 2006, and CMSA Act, 1994** when completing the application form.

The form should be completed in English and the answers to ALL questions should be TYPED or written in INK and in BLOCK LETTERS.

No question should be left unanswered. Where the Applicant believes that a question does not apply, the Applicant should write “**Not Applicable**” or “**N/A**”.

If there is insufficient space to answer a question, additional information may be provided on an attachment page and identify the continuation of an answer by stating the question number.

The declaration on this form must be signed by a director or other duly authorized person.

If there are any changes in the information furnished in the application prior to the completion of the review of this application, the Bank should be notified immediately.

This application form must be accompanied by:

Certified true copy of the applicant’s constitutional documents (Memorandum and Articles of Association, Certificate of Incorporation)

Certified copy of the current valid Business License or other authorization to operate as a Securities Broker Dealer.

The last audited financial statements.

Duly signed CDS Agreement

Categories of Acceptable Certifiers (the certifier must be independent from the applicant):

(i) A Judge; (ii) A Magistrate; (iii) A Notary public; (iv) A Solicitor; (v) A Commissioner of Oaths.

The completed application form and any supporting documents should be submitted in hardcopies to the following office:

**Manager Financial Markets  
Bank of Tanzania  
P.O BOX 2939  
DAR ES SALAAM  
TANZANIA**

*NOTE:* The Bank of Tanzania reserves the right to accept or reject any or all applications

**1. Name of Applicant**

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**2. Details of contact person for the purposes of the application**

|          |                        |  |
|----------|------------------------|--|
| <b>A</b> | Name                   |  |
| <b>B</b> | Designation            |  |
| <b>C</b> | Postal Address         |  |
| <b>D</b> | Physical Address       |  |
| <b>E</b> | Telephone number       |  |
| <b>F</b> | Fax number             |  |
| <b>G</b> | E-mail                 |  |
| <b>H</b> | Company Registration # |  |
| <b>I</b> | Company TIN #          |  |

**3. Details of Directors of the Applicant**

| <b>Designation</b> | <b>Director1</b> | <b>Director2</b> |
|--------------------|------------------|------------------|
| <b>Name</b>        |                  |                  |
| <b>Address</b>     |                  |                  |

**DECLARATION**

(By Chief Executive Officer or other duly authorized person for and on behalf of the applicant)

**I declare that to the best of my knowledge and belief the information provided above and in the accompanying documents is true and correct.**

**Signed:** \_\_\_\_\_

**Name:** \_\_\_\_\_

**Position held:** \_\_\_\_\_

**Date:** \_\_\_\_\_

