

COMPANY INFORMATION CHANGE REQUEST FORM
(To be submitted in duplicate and delivered to the Manager Financial Markets)

Ban P.O Dar	nager Financ ik of Tanzani . Box 2939 es Salaam 'e hereby req	ia	ge information		h the CDS in the name
(Reg	gistered nam	e)			with securities
acc	ount number	·			•••••
Rea	son(s) for C	hange			•••••
	P NAME	3			
	P SECURITIES COUNT NO	•			
C D E F G	evidence)	f Issue		Not Exempt	Exempt
_	SETTLEMENT NK DETAILS	BANK DETA	ILS TO BE CHA	INGED	
A	Bank Name				
В	Branch Name				
C	Account No.*				
D	Name of Accou	ınt*			
	NAME	OF AUTHORI	ZED SIGNATO		SPECIMEN
SN	Surname	First name	Middle name	Status (Add, Remove)	SIGNATURE
A					
В					

D

Attachment to CDS Form 08 SPECIMEN SIGNATURE CARD FOR NEW SIGNATORIES

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AFFIX PHOTOGRAPH 1	Manager Financial Markets Bank of Tanzania Date:					
HERE	I the undersigned hereby request to open a CDS securities account in the name					
	Address					
AFFIX	Fax					
PHOTOGRAPH 2 HERE	I/ We hereunder agree to conform to the rules governing the CDS securities account within the Central Depository System Dealing Service.					
	The specimen signature(s) for person(s) who may be given the mandate to sign on my behalf are:					
	SIGNATORIES: FULL NAME SIGNATURE					
AFFIX PHOTOGRAPH 3	1. 2.					
HERE	3.					
	4. The specimen card is returned herewith by the applicant of the CDS securities account indicated on CDS Form 08					
AFFIX	Yours faithfully ,					
PHOTOGRAPH 4 HERE						
Yours faithfully (Full Name)						
	(Authorized Signature)					

OFFICIAL STAMP