CDS/FORM/08



COMPANY INFORMATION CHANGE REQUEST FORM

(To be submitted and delivered to the Director Financial Markets)

2 Mirambo Street P.O. Box 2939 11884 Dar es Salaam, Tanzania Tel: +255 22 223 3565/3530

Date:

I/We hereby request to change information registered with the CDS in the		
name (Registered name)	with	securities
account number		

Reason(s) for change.....

CDP NAME	
CDP SECURITIES ACCOUNT NO	

1. APPLICANTS DETAILS TO BE CHANGED

Please fill information which needs to be changed with attached evidence

Α	Account Name			
В	Address			
С	Telephone			
D	E-mail			
Ε	Region of Residence		EAC	
			SADC	
			Diaspora	
F	TIN# & Place of Issue			
G	Tax Status (If exempt provide evidence)	Not Exempt		Exempt

2. SETTLEMENT BANK DETAILS TO BE CHANGED

BANK DETAILS

DI			
Α	Bank Name		
В	Branch Name		
С	Account No.*		
D	Name of Account*		

3. PERSONS AUTHORIZED TO OPERATE CDS SECURITIES ACCOUNT

NAME OF AUTHORIZED SIGNATORY				SPECIMEN	
SN	Surname	First name	Middle name	Status (Add, Remove)	SIGNATURE
A					
В					
С					
D					

Attachment to CDS Form 08 SPECIMEN SIGNATURE CARD FOR NEW SIGNATORIES

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

AFFIX PHOTOGRAPH 1 HERE	Manager Domestic Markets Bank of TanzaniaDate:I the undersigned hereby request to open a CDS securities account in the name
<u> </u>	Address
AFFIX PHOTOGRAPH 2 HERE	 Fax. Email. 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:
AFFIX PHOTOGRAPH 3 HERE	SIGNATORIES: FULL NAMESIGNATURE1.2.3.4.The specimen card is returned herewith by the applicant of the CDS
AFFIX PHOTOGRAPH 4 HERE	securities account indicated on CDS Form 08 Yours faithfully ,(Full Name) (Signature)

Yours faithfully (Full Name)

..... (Authorized S i g n a t u r e)

OFFICIAL STAMP