



\*\*\*Member of the Zimbabwe Stock Exchange\*\*\*

26 CORK ROAD, BELGRAVIA, HARARE

Tel: 799132-5; Fax: 799138

## ACCOUNT OPENING FORM – CORPORATE

Account No:

Open

Amend

(please tick one)

Customer Type:

Resident

Non-Res

Investment in the name of:

(Name of Company)

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Contact Person(s)

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Postal Address:

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Physical Address:

---

Tel (bus):

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Fax:

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Cell phone

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E-mail:

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### Positive Identification:

Date of Incorporation:

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Company Reg. No

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Certified Copies of the following attached:

CR 14;

Certificate of Incorporation

Directors IDs,

Memorandum & Articles of Association

### Banking Details:

Account Holder:

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Bank Name:

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Account No.

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EFE Securities P/L  
26 Cork Road, Belgravia Harare  
P. O. Box 2878, Harare

Tel: 263-4-799132-5

Fax: 263-4- 799138

e-mail: [dealing@efesecurities.co.zw](mailto:dealing@efesecurities.co.zw) web site: [www.efesecurities.com](http://www.efesecurities.com)

**If Non RES:**

**ZIMBABWE CUSTODIAN:** \_\_\_\_\_

**Account NAME &No.** \_\_\_\_\_

**Securities to be registered in:**

**Client's Name**  **DVP (Negotiable Order)**  **(please tick one)**

**Registration Address (for Shares/Dividends/Statements)** \_\_\_\_\_  
 \_\_\_\_\_  
 \_\_\_\_\_

**Name of Signatory:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Signatory:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Signatory:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Name of Signatory:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

I/We the undersigned \_\_\_\_\_ ("the client") hereby request and authorize EFE Securities (Pvt) Ltd upon the specific instructions received from the client from time to time to purchase and/ or sell equities on behalf of, and for the account of the client and to take, steps incidental thereto and generally, to act on the client's behalf as EFE Securities (Pvt.) Ltd deems to be in the client's best interests but subject at all times to the Rules and Directives of the Exchange, the Securities Commission and applicable legislation in force from time to time and terms of this mandate. To this end EFE Securities (Pvt.) Ltd is hereby instructed and authorised to open and operate in the name of the client an account as envisaged and governed by the Rules and the terms of this mandate. Words and phrases used in this mandate shall have the meanings assigned to them in the Rules. This mandate shall commence upon signature hereof and shall endure indefinitely until terminated upon 30days written notice to that effect subject to all accrued rights and obligations.

**Official Use Only**

**Accepting Officer:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Client Identity verified:** **Yes**  **No**

**Compliance Officer:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

**Managing Director:** \_\_\_\_\_ **Signature:** \_\_\_\_\_ **Date:** \_\_\_\_\_

# Chengetedzai Depository Company Limited

## Securities Account Opening/Update Form (CSD 1b) - Institutions

**To be completed in BLOCK LETTERS**

### Applicant Particulars

Name of Company / Organisation / Institution*:		<input style="width: 100%;" type="text"/>	
Registration /Certificate No*:		<input style="width: 100%;" type="text"/>	
Address*:			
City:	Foreign/Local Investor*:	Telephone*:	<input style="width: 100%;" type="text"/>
Cellphone*:	Fax:	e-mail:	<input style="width: 100%;" type="text"/>
Institution Representative Full Name*:		Designation:	
Cellphone:	e-mail:		
Dividend Disposal Instruction			
<input type="checkbox"/> Cash or	<input type="checkbox"/> Bank	Bank Name:.....	Account number:.....
NB (*) Denotes required/mandatory fields.			

### DECLARATION

- i. We hereby request you to open and maintain a Securities Account in the Central Securities Depository (CSD) in our name(s).
- ii. We hereby represent and warrant that we have good title to such securities that may be held in our Securities Account from time to time.
- iii. We affirm that the funds to be used for the purchase of Securities through our Securities Account will not be funds derived from any money laundering activity or funds generated from terrorist or any other illegal activity.
- iv. We hereby confirm that the undersigned Participant has full authority to intermediate and or conduct business on with the Depository on our behalf in keeping with CDCL CSD Rules and Procedures that may be in force from time to time.
- v. We agree to be bound by the terms and conditions articulated in the CDCL CSD Rules, Procedures and any other instructions.
- vi. We undertake to notify the under mentioned Participant of any change of particulars or information provided by me/us in this form.

Date.....

for and on behalf of the APPLICANT

.....  
AUTHORISED SIGNATORY / SIGNATORIES

### CERTIFICATE OF RESOLUTION

I ....., hereby certify that the following resolution of the Board of Directors of.....was passed at a duly convened meeting of the Board held on ..... at which a quorum was present.

"It WAS RESOLVED that a Securities Account for the Company / Organisation / Institution be opened with Chengetedzai Depository Company Limited , ("CDCL") and be operated in accordance with the Terms and Conditions of the Depository in force from time to time"

Date

Certified true extract of minutes

.....  
Director/Secretary

<p><b>FOR PARTICIPANT USE ONLY</b></p> <p><b>Declaration:</b> We, the undersigned undertake that we have checked the accuracy of the documents submitted with this application.</p> <p>Verified By: .....</p> <p>Signature: .....Date:.....</p> <p>Securities Account Number <input style="width: 100%;" type="text"/></p>	<p><b>FOR CDCL USE ONLY</b></p> <p><input type="checkbox"/> Approved      <input type="checkbox"/> Declined</p> <p>Approved By: .....</p> <p>Signature: .....</p> <p style="text-align: center; color: gray;">CDCL Date Stamp</p>
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