



Members of The Zimbabwe Stock Exchange

26 Cork Road, Belgravia, Harare

+263 799132-5

ACCOUNT APPLICATION FORM – INDIVIDUAL

Account No:

Open Amend (please tick one)

Customer Type:

Staff Resident Non-Res

Surname & First Name: _____

Postal Address: _____

Physical Address: _____

Tel (bus): _____ Tel (home) _____

Contact Person If Unavailable: _____ Cell phone _____

E-mail: _____

Positive Identification:

Date of Birth: _____

ID/Passport/ Drivers License No. _____ Photocopy Attached

Proof of residence: Bills (ZESA, City council), Letter from employer, Bank Statement, Affidavit from Landlord

Waiver from management:

Reason for waiver: _____

Manager responsible for waiver _____ Signature _____

Banking Details:

Name of Account Holder: _____

Bank Name: _____

Account No. _____

Securities to be registered in:

(Please tick one)

Client's Name

Other (Specify) _____

Registration Address (for Shares/Dividends/Statements) _____

Name of Signatory: _____ Signature: _____ Date: _____

I/We the undersigned _____ ("the client") hereby request and authorize EFE Securities (Private) Limited 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 30 days 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 1a) - Individuals

To be completed in BLOCK LETTERS

Primary Applicant

Title:	<input type="text"/>	Forenames*:	<input type="text"/>	Surname*:	<input type="text"/>
Date of Birth (dd/mm/yyyy)*:	<input type="text"/>	Gender (M/F):	<input type="text"/>	Foreign/Local Investor*:	<input type="text"/>
National ID*:	<input type="text"/>	Passport No.*:	<input type="text"/>		
Address Line 1*:	<input type="text"/>				
Address Line 2:	<input type="text"/>				
City*:	<input type="text"/>	Country*:	<input type="text"/>	Cellphone No*:	<input type="text"/>
Telephone*:	<input type="text"/>	e-mail:	<input type="text"/>		

Joint Applicant

Title:	<input type="text"/>	Forenames*:	<input type="text"/>	Surname*:	<input type="text"/>
Date of Birth(dd/mm/yyyy)*:	<input type="text"/>	Gender (M/F):	<input type="text"/>	Foreign/Local Investor*:	<input type="text"/>
National ID*:	<input type="text"/>	Passport No.*:	<input type="text"/>		
Address Line 1*:	<input type="text"/>				
Address Line 2:	<input type="text"/>				
City*:	<input type="text"/>	Country*:	<input type="text"/>	Cellphone No*:	<input type="text"/>
Telephone*:	<input type="text"/>	e-mail:	<input type="text"/>		

NB (*) Denotes required/mandatory fields. **Completed forms must be accompanied by certified copy of ID Document and two (2) passport size photos**

Dividend Disposal Instruction

Cash or Bank

Bank Name:..... Branch:..... Account number:.....

DECLARATION

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

Primary Applicant Signature Date.....

Joint Applicant Signature Date.....

FOR PARTICIPANT USE ONLY

Declaration:

We, the undersigned undertake that we have checked the accuracy of the documents submitted with this application.

Verified By:

Signature: Date:

Securities Account Number

Accompanying certified copy (please cross - X)

National ID Passport Page Details Birth Certificate (for minors)

FOR CDCL USE ONLY

Approved Declined

Approved By:

Signature:

CDCL Date Stamp