



PERSONAL INFORMATION CHANGE REQUEST FORM

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

AFFIX
PHOTOGRAPH
HERE

Manager Financial Markets

Bank of Tanzania

P.O. Box 2939

Dar es Salaam

Date:

I 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 and attach evidence

| | | |
|----------|--|---|
| A | Name of Account | |
| B | Postal Address | |
| C | Physical Address | |
| D | Telephone | |
| E | Fax | |
| F | E-mail | |
| G | Tax Status (If exempt provide evidence) | <input type="checkbox"/> Not Exempt <input type="checkbox"/> Exempt |
| H | Passport # | |
| I | Voter ID # | |
| J | Driving License # | |
| K | National ID # | |
| L | Country of Residence | |
| M | Occupation | |
| N | Employer | |
| O | Employment ID # | |
| P | Date of Birth (DD-MM-YYYY) | <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
| Q | Mobile No. | |

2. SETTLEMENT BANK DETAILS TO BE CHANGED

| BANK DETAILS | | |
|--------------|------------------|--|
| A | Bank Name | |
| B | Branch Name | |
| C | Account No.* | |
| D | Name of Account* | |

Yours faithfully (Full Name)

..... (Authorized Signature)