Stockbrokers / Dealers, Investment Advisers and Fund Managers (Member of the Dar es Salaam Stock Exchange)

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## **SALE ORDER FORM**

( Subject to the Rules and Practice of the Oar es salaam Stock Exchange) Page: 1

| <u>APPLICANT'S DETAIL</u>                | <u>S:</u>                                      |                  |                |           |                |               |  |
|--|--|------------------|----------------|-----------|----------------|---------------|--|
|  |  |                  |                |           |                |               |  |
| Full name(s):                            |  |                  |                | Title:    |                |               |  |
| Telephone number(s):                     |  |                  |                | Cli       | Client Ref:    |               |  |
| Passport/Id/Election C                   | ard No.  |                  |                | Region:   |                |               |  |
| Postal (P.O. Box) address:               |  |                  | Nationality    |           |                |               |  |
| SECURITIES TO BE S                       | SOLD:  |                  |                |           |                |               |  |
| Order                                    |  |                  |                |           |                |               |  |
| No. Date                                 | Securities                                     |                  | Cds No.        |           | No of Shares   | Minimum Price |  |
| DECLARATION:                             |  |                  | l              |           | 1              | 1             |  |
| By signing this Sale Order               | Form:  |                  |                |           |                |               |  |
| I/We authorize accordance with the above | Orbit Securities Company Limited instructions. | to se            | ll the above s | securitie | s on my/our be | ehalf in      |  |
| Name of Client:                          | Signat   | Signature: Date: |                |           |                |               |  |
| Name of Interviewing Officer:            |  | Sign             | Signature:     |           |                |               |  |
| Payment Instructions:                    |  |                  |                |           |                |               |  |
|  |  |                  |                |           |                |               |  |
|  |  |                  |                |           |                |               |  |
| Date:                                    | Time:  |                  |                |           |                |               |  |