



CDS 2 (d)

DAR ES SALAAM STOCK EXCHANGE

AMENDMENT OF CDS ACCOUNT DETAILS AND ADDITION OF BANK DETAILS FORM

- **PLEASE USE CAPITAL LETTERS**
- **ATTACH ORIGINAL DEPOSITORY RECEIPT (S)**

Name of Applicant: _____ <i>(LDM, ISSUING COMPANY, CUSTODIAN)</i>	LDM Code: _____ <i>(Where applicable)</i>
FILL IN DETAILS AS PER EXISTING CDS ACCOUNT	
CDS A/C No (s): _____	Title (Prof/Dr/Hon/Rev/Mr/Mrs/miss/ms) _____

- | | |
|--|---|
| (1) If Name is to be amended tick (ç) in box <input type="checkbox"/> | (3) If CDS Accounts are to be consolidated tick (ç) in box <input type="checkbox"/> |
| (2) If Address is to be amended tick (ç) in box <input type="checkbox"/> | (4) If Depository Receipts are to consolidated tick (ç) in box <input type="checkbox"/> |

Full Name: _____ <i>(First, Middle, Last Name)</i>
Address: _____
Telephone Number (Mobile): _____
Email Address: _____
Bank Account Number: _____
Bank Name: _____
Branch: _____

Identity card: _____

Shareholder (s) Signature (s): _____ Date: _____

FOR COMPLETION BY LDM/ ISSUING COMPANY/ CUSTODIAN We confirm our acceptance of the amendment request	
_____ Stamp and Signature of Authorised Officer	Date: _____

Subject to the Rules and Practices of the DSE