



Central Securities Depository - Rwanda

Securities Account Opening/Update Form - Individuals: N° 12453

PHOTO

To be completed in BLOCK LETTERS

Primary Applicant

Title: Surname*: Other names *:

Date of Birth*: Gender: National ID/Passport No*: Nationality*:

Postal Address Line 1*: Postal Address Line 2:

Physical Address Line 3: Postal Code: Tax Code*:

Village /Town/City*: Country*: Resident in*:

Telephone*: Fax: E-mail*:

Joint Applicant

Title: Surname*: Other names *:

Date of Birth*: Gender: National ID/Passport No*: Nationality*:

Postal Address Line 1*: Postal Address Line 2:

Physical Address Line 3: Postal Code: Tax Code*:

Village /Town/City*: Country*: Resident in*:

Telephone*: Fax: e-mail*:

Bank Name*: Branch Account number*:

N.B. * denotes required/mandatory fields. *Completed forms must be accompanied by ID document.*

DECLARATION

- I hereby request you upon and maintain a Securities Account in the CSD in our name (s).
- I hereby represent and warrant that we have good title to such securities that may be held in our Securities Account from time to time.
- I affirm that the funds to be used for the purchase 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.
- I hereby confirm that the undersigned participant has full authority to intermidate and or conduct business with the Depository on our behalf in keeping with CSD rules and procedures that may be in force from time to time.
- I agree to be bound by the CSD rules.
- I undertake to notify the under mentioned participant of any change of particulars or information provided by us in this form.

Primary Applicant Signature.....Date.....

Joint Applicant Signature.....Date.....

<p>For Participant Use only</p> <p>Declaration : We, the undersigned undertake that we have checked the accuracy of the documents submitted with this application.</p> <p>Checked and verified by :</p> <p>Name: _____ Designation: _____ Date and Signature _____ Participant Name and Stamp _____</p> <p>Accompanying certified copy (please cross - X)</p> <p><input type="checkbox"/> National ID <input type="checkbox"/> Passport Details page or <input type="checkbox"/> Birth Certificate (for minors)</p>	<p>For CSD Use only</p> <p><input type="checkbox"/> Approved <input type="checkbox"/> Declined</p> <p>CSD Account Number : _____</p>
	<p>Date : _____ Signature : _____ Stamp : _____</p>