



VICTORIA
FALLS
STOCK
EXCHANGE

SECURITIES ACCOUNT REGISTRATION (CSD 1) FORM

To be completed in BLOCK LETTERS
To be completed in triplicate

APPLICANT PARTICULARS

For Individuals

Full Name.....Gender: Male: Female:

ID Type*.....ID Number*.....Date of Birth.....

Foreign/Local Investor*.....

For Joint Applicant

Full Name.....Gender: Male: Female:

ID Type*.....ID Number*.....Date of Birth.....

Foreign/Local Investor*.....

For Companies/Institutions

- Corporate
- Non Member Institution
- Pension Fund
- Church
- Mutual Fund
- Stockbroker
- Deceased Estate (Tick where applicable)

Foreign/Local Investor*

Company Name:Registration Number*.....

Initial _____

Physical Address*

Postal Address:

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.....
.....

Telephone*..... Cellphone*..... Fax:.....

Email address*

Applicant's Source of Income:

Authorised Signatories:

Authorised Signatories:.....

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

Dividend Disposal Instruction

Bank Name..... Bank Branch..... Account Number.....

Account Name

DECLARATION

- i. I/We hereby request you to open and maintain a Securities Account in the Central Securities Depository (CSD) in my/our name(s).
- ii.I/We hereby represent and warrant that I/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 our behalf in keeping with 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 by the CSD Rules including any 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.

Initial _____

For Official Use

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: _____

Securities Account Number: _____

Initial _____