



VICTORIA
FALLS
STOCK
EXCHANGE

SECURITIES DEPOSIT FORM (CSD 3)

Name Of Depository Participant: _____

Client CSD Account No.:

.....

Date:

.....

(dd / mm / yy)

Client Account Name:

.....

Particulars of Security

Certificate Number

Security Symbol / Identification No.

Volume/Number of Shares

.....
.....
.....
.....
.....

Total Number of Certificates:

Total Number of Shares:

Declaration

I/We hereby certify that:

- (a) I/We have the proper authority to deposit the above mentioned securities in the above mentioned Securities Account
- (b) I/We am/are the genuine holder(s) of the above mentioned securities

Name: _____ Signature _____ Date ____ / ____ / ____

Name: _____ Signature _____ Date ____ / ____ / ____

Initial _____

Depository Participant Declaration:

I/We hereby certify that I / we have verified the above information and that:

- (1) to the best of our knowledge and information, the name of the securities account holders as it appears on the Account opening form/screen and on the deposit form refer to the same person.
- (2) the person signing the deposit form has the proper authority to do so and I/we agree that the necessary documentary evidence will be made available upon request.

(Name/ Signature)

Date: (DD / MM/ YY)

Stamp:

(Name/Signature)

Date: (DD / MM/ YY)

For Registrar’s Use Only

_____ (Name)	_____ (Signature)	_____ (Date)
_____ (Name)	_____ (Signature)	_____ (Date)

Approve (Accept) Reject / Stamp:

For Depository Only (Internal use)

Reviewed by.....

Signature.....

Date.....

Approved by.....

Signature.....

Date.....

Initial _____