VICTORIA
FALLS
STOCK
EXCHANGE

SECURITIES WITHDRAWAL (CSD 6) FORM

Date: …………………………….
(dd/mm/yyyy)

Depository Participant: _____

Client CSD Securities Account No.	
Title: Mr/Mrs/Miss/Ms/Master/ Dr	
Surname / Company Name	
First & other name(s):	
Address:	

Particulars of Securities to be withdrawn

Security Symbol / ID	Volume/Number of Shares
………………………………………………	……………………………………………………
………………………………………………	……………………………………………………
………………………………………………	……………………………………………………
………………………………………………	……………………………………………………
………………………………………………	……………………………………………………

Declaration by Client

I/We hereby request the withdrawal of the above mentioned securities deposited by me/us in my/our Securities

Name: ....   Signature: ....   Date: ....
(DD/MM/YY)

Name: ....   Signature: ....   Date: ....
(DD/MM/YY)

Name: ....   Signature: ....   Date: ....
(DD/MM/YY)

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 withdrawal 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.

_____   _____
(Authorized Signature)   Date: (DD / MM / YY)   Stamp:

For VFEX Use Only

Approve (Accept) Reject / Stamp:

(Name)   (Signature)   (Date)

(Name)   (Signature)   (Date)

For Transfer Secretary Use Only

Reviewed by……………………………   Approved by…………………………………..

Signature………………………………..   Signature…………………………………

Date……………………………………..   Date…………………………………………

Stamp