CDS 2 (d)

DAR ES SALAAM STOCK EXCHANGE PLC

AMENDMENT OF CDS ACCOUNT DETAILS FORM

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

Name of Applicant**:** _____ LDM Code: _____
(*LDM, ISSUING COMPANY, CUSTODIAN*) (*Where applicable*)

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 (√) in box ☐
(2) If Address is to be amended tick (√) in box ☐
(3) If CDS Accounts are to be consolidated tick (√) in box ☐
(4) If Depository Receipts are to be consolidated tick (√) in box ☐

Full Name: _____
(First, Middle, Last Name)

_____

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