

SECURITIES ACCOUNT REGISTRATION FORM (For Organisations) (GSD 1b)
To be completed in BLOCK LETTERS

Client Account Code: (To be filled by Depository Participant Only)

Name of Institution:

Address:

City/Town Country

Contact Person(s):

Date of Incorporation:/Formation (dd / mm / yy) Company Registration Number

Tel: Fax: Email:

(Tick where applicable) Local Institution Foreign Institution
 Send statement by (tick where applicabel) Email Post Hold

Dividend Mandate Bank Post
 If Bank, give details

Account Number:

Account Name:

Name of Bank: Branch:

Send statement by: Email Post Hold

Declaration:
 I/We hereby
 (i) request to open and maintain a security account in my/our names
 (ii) affirm that all information on the form are correct
 (iii) undertake to notify GSD of any change of particulars or information provided by me/us on this form

name _____ sign _____ Date (dd / mm / yy)

name _____ sign _____ Date (dd / mm / yy)

Seal/Stamp:

For Depository Participant Use Only

Verified by: name _____ sign _____ Date (dd / mm / yy)

Securities Account No:

Supporting Documents:

- 1 Certified true copy of Certificate of Incorporation/Formation
- 2 Certified true copy of Regulation (or Constitution)
- 3 Certified true copy of Board Resolution authorising execution of Opening Form
- 4 Specimen Signatures of Authorized Signatories/passport photographs