

INVESTOR SERVICES ACCOUNT REGISTRATION FORM (For Organisations) (GSD 1d)
To be completed in BLOCK LETTERS

Client Account Code:

Name of Institution:

Address:

City Country

Contact Person(s):

Date of Incorporation/Formation:

Company Registration No.

Tel:

Fax:

Email:

(Tick where applicable) Local Institution Foreign Institution

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 our name
- (ii) affirm that all information on the form are correct
- (iii) undertake to notify GSD of any change of particulars or information provided by us on this form

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

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

Seal/Stamp:

For Depository Use Only

Verified by: _____ (sign) _____ (date) (dd / mm / yy)

Stamp:

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 pictures