



Central Securities Depository - Rwanda

Securities Account Opening/Update Form - Individuals: N° 0972

PHOTO

To be completed in BLOCK LETTERS

Primary Applicant

Title:	Surname*:	Other names*:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth*:	Gender:	National ID/Passport No*:	Nationality*:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address Line 1*:		Postal Address Line 2:	
<input type="text"/>		<input type="text"/>	
Physical Address Line 3:		Postal Code:	Tax Code*:
<input type="text"/>		<input type="text"/>	<input type="text"/>
Village /Town/City*:	Country*:	Resident in*:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone*:	Fax:	E-mail*:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Joint Applicant

Title:	Surname*:	Other names*:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Date of Birth*:	Gender:	National ID/Passport No*:	Nationality*:
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Postal Address Line 1*:		Postal Address Line 2:	
<input type="text"/>		<input type="text"/>	
Physical Address Line 3:		Postal Code:	Tax Code*:
<input type="text"/>		<input type="text"/>	<input type="text"/>
Village /Town/City*:	Country*:	Resident in*:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	
Telephone*:	Fax:	e-mail*:	
<input type="text"/>	<input type="text"/>	<input type="text"/>	

Bank Name*: Branch Account number*:

N.B. * denotes required/mandatory fields. *Completed forms must be accompanied by ID document.*

DECLARATION

- I hereby request you upon and maintain a Securities Account in the CSD in our name (s).
- I hereby represent and warrant that we have good title to such securities that may be held in our Securities Account from time to time.
- I affirm that the funds to be used for the purchase Securities through my / our Securities Account will not be funds derived from any money laundering activity or funds generated from terrorist or any other illegal activity.
- I hereby confirm that the undersigned participant has full authority to intermidate and or conduct business with the Depository on our behalf in keeping with CSD rules and procedures that may be in force from time to time.
- I agree to be bound by the CSD rules.
- I undertake to notify the under mentioned participant of any change of particulars or information provided by us in this form.

Primary Applicant Signature.....Date.....

Joint Applicant Signature.....Date.....

For Participant Use only Declaration : We, the undersigned undertake that we have checked the accuracy of the documents submitted with this application. Checked and verified by : Name: Designation: Date and Signature Participant Name and Stamp Accompanying certified copy (please cross - X) <input type="checkbox"/> National ID <input type="checkbox"/> Passport Details page or <input type="checkbox"/> Birth Certificate (for minors)	For CSD Use only <input type="checkbox"/> Approved <input type="checkbox"/> Declined CSD Account Number : Date : Signature : Stamp :



T O: Banque Nationale du Rwanda (BNR)
Central Securities Depository (CSD)
Avenue Paul VI, Kiyovu
P.O Box 531
KIGALI – RWANDA

Dear Sir / Madam,

RE: SPECIMEN SIGNATURES

We, the undersigned hereby give below our specimen signature for your records.

	Signature 1	Signature 2	Signature 3
Signatory (1) Names:			
Signatory (2) Names:			
Signatory (3) Names:			

Official Use only:

Names..... Date...../...../.....

DesignationStamp & Signature.....