



Members of The Zimbabwe Stock Exchange

26 Cork Road, Belgravia, Harare

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ACCOUNT APPLICATION FORM – INDIVIDUAL

Account No:

Open Amend (please tick one)

Customer Type:

Staff Resident Non-Res

Surname & First Name: _____

Postal Address: _____

Physical Address: _____

Tel (bus): _____ Tel (home) _____

Contact Person If Unavailable: _____ Cell phone _____

E-mail: _____

Positive Identification:

Date of Birth: _____

ID/Passport/ Drivers License No. _____ Photocopy Attached

Proof of residence: Bills (ZESA, City council), Letter from employer, Bank Statement, Affidavit from Landlord

Waiver from management:

Reason for waiver: _____

Manager responsible for waiver _____ Signature _____

Banking Details:

Name of Account Holder: _____

Bank Name: _____

Account No. _____

Securities to be registered in:

(Please tick one)

Client's Name Other (Specify) _____

Registration Address (for Shares/Dividends/Statements) _____

Name of Signatory: _____ Signature: _____ Date: _____

I/We the undersigned _____ ("the client") hereby request and authorize EFE Securities (Private) Limited upon the specific instructions received from the client from time to time to purchase and/ or sell equities on behalf of, and for the account of the client and to take, steps incidental thereto and generally, to act on the client's behalf as EFE Securities (Pvt) Ltd deems to be in the client's best interests but subject at all times to the Rules and Directives of the Exchange, the Securities Commission and applicable legislation in force from time to time and terms of this mandate. To this end EFE Securities (Pvt) Ltd is hereby instructed and authorised to open and operate in the name of the client an account as envisaged and governed by the Rules and the terms of this mandate. Words and phrases used in this mandate shall have the meanings assigned to them in the Rules. This mandate shall commence upon signature hereof and shall endure indefinitely until terminated upon 30 days written notice to that effect subject to all accrued rights and obligations.

Official Use Only

Accepting Officer: _____ Signature: _____ Date: _____

Client Identity verified: Yes No

Compliance Officer: _____ Signature: _____ Date: _____

Managing Director: _____ Signature: _____ Date: _____