



MEMBERS OF THE ZIMBABWE STOCK EXCHANGE & VICTORIA FALLS EXCHANGE

**EFE SECURITIES P/L**



OPEN

AMMEND

**EFE ACCOUNT OPENING FORM - CORPORATE**

NAME OF COMPANY			
COMPANY REG. NO			
DATE OF INCORPORATION	<u>DD / MM / YYYY</u>		
CONTACT PERSON			
EMAIL ADDRESS			
TELEPHONE		CELL PHONE :	
PHYSICAL ADDRESS			
POST ADDRESS			
LINE OF BUSINESS		B.P NUMBER FOR TAX PURPOSES	
RESIDENT	YES	<input type="text"/>	NO <input type="text"/>
<b>IF NON RES:</b> ZIMBABWE CUSTODIAN			

**BANK DETAILS**

BANK NAME		BRANCH :	
ACCOUNT NUMBER		ACCOUNT NAME:	
<b>CUSTODY OF SHARES (TICK)</b>	<b>PREFERRED MODE OF COMMUNICATION (TICK)</b>		
ELECTRONIC	<input type="checkbox"/>	EMAIL 	<input type="text"/>
PHYSICAL	<input type="checkbox"/>	SKYPE/ WHATSAPP	<input type="text"/>
NOMINEE	<input type="checkbox"/>	TELEPHONE 	<input type="text"/>
OTHER	<input type="checkbox"/>	OTHER (SPECIFY)	.....
<b>Registration Address (for Shares/Dividends/Statements)</b>			

**FOR OFFICIAL USE ONLY**

ACCEPTING OFFICER		SIGNATURE.....	DATE : / /
CLIENT IDENTITY VERIFIED	YES <input type="text"/>	NO <input type="text"/>	SANCTION CHECK: YES <input type="text"/> NO <input type="text"/>
EDS NUMBER		CSD NUMBER	
VFEX EDS NUMBER			
COMPLIANCE OFFICER SIGNATURE	.....	DATE	/ /
MANAGING DIRECTOR SIGNATURE	.....	DATE	/ /

26 CORK ROAD BELGRAVIA  
HARARE  
ZIMBABWE

TEL: 263-4-799132-5  
EMAIL: [dealing@efesecurities.co.zw](mailto:dealing@efesecurities.co.zw)  
WEB SITE: [www.efesecurities.com](http://www.efesecurities.com)

INITIALS.....



MEMBERS OF THE ZIMBABWE STOCK EXCHANGE & VICTORIA FALLS EXCHANGE

#### CONSENT TERMS AND CONDITIONS

1. Unless a price limit is indicated for a transaction, the transaction will be executed at the ruling market price and EFE Securities P/L cannot be held liable for any loss incurred from price changes during the period of execution of the client's order.
2. Trade mandates without a client imposed time limit for execution will become void after one month; and if executed within the one month period, EFE Securities P/L will not be liable for any loss incurred from price changes within this period.
3. EFE Securities P/L is acting as stockbrokers only and not financial advisors. Consequently, we will only execute clients' buy or sell mandates.
4. EFE Securities P/L executes transactions based on ruling market prices of stocks on the Zimbabwe Stock Exchange, availability of the requested security buy and sell and on a best efforts basis only; thus EFE Securities P/L cannot guarantee that a mandate will be executed on a particular day.
5. Mandates to buy can only be processed if there are sufficient cleared funds in the account to execute the transaction.
6. A trade mandate form signed by a client shall be deemed as a client authorized trade order.
7. Contract notes shall be deemed as confirmed trade orders if not objected to by the client in writing within 24 hours of the receipt of the same.
8. Transaction fees and charges shall be contained in the contract notes sent to clients.
9. Failure to fill in compulsory sections may result in your trade not being executed.
10. Placement of orders

All buy and sell orders must be placed through:

- i. Telephone followed by a written message
- ii. Whatsapp
- iii. Skype
- iv. Email

I/We the undersigned \_\_\_\_\_ ("the client") hereby request and authorize EFE Securities (Pvt) Ltd 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.

NAME OF SIGNATORY.....SIGNATURE..... DATE.....

NAME OF SIGNATORY.....SIGNATURE..... DATE.....

NAME OF SIGNATORY.....SIGNATURE..... DATE.....

NAME OF SIGNATORY.....SIGNATURE..... DATE.....

#### REQUIREMENTS

- Certified National ID/ Passport copy for directors (*at least two*)
- Proof of Residence for directors (*within a three months period for*)
- Bank account Details (*that matches with the account name*)
- CR14
- Certificate of Incorporation
- Memorandum & Articles of Association

# Chengetedzai Depository Company Limited

## Securities Account Opening/Update Form (CSD 1b) - Institutions

To be completed in BLOCK LETTERS

### Applicant Particulars

Name of Company / Organisation / Institution*:							
Registration /Certificate No*:							
Address*:							
City:		Foreign/Local Investor*:		Telephone*:			
Cellphone*:		Fax:		e-mail:			
Institution Representative Full Name*:				Designation:			
Cellphone:		e-mail:					
Dividend Disposal Instruction							
<input type="checkbox"/> Cash or		<input type="checkbox"/> Bank		Bank Name:.....		Account number:.....	
NB (*) Denotes required/mandatory fields.							

### DECLARATION

- We hereby request you to open and maintain a Securities Account in the Central Securities Depository (CSD) in our name(s).
- We hereby represent and warrant that we have good title to such securities that may be held in our Securities Account from time to time.
- We affirm that the funds to be used for the purchase of Securities through our Securities Account will not be funds derived from any money laundering activity or funds generated from terrorist or any other illegal activity.
- We hereby confirm that the undersigned Participant has full authority to intermediate and or conduct business on with the Depository on our behalf in keeping with CDCL CSD Rules and Procedures that may be in force from time to time.
- We agree to be bound by the terms and conditions articulated in the CDCL CSD Rules, Procedures and any other instructions.
- We undertake to notify the under mentioned Participant of any change of particulars or information provided by me/us in this form.

Date.....

for and on behalf of the APPLICANT

.....  
AUTHORISED SIGNATORY / SIGNATORIES

### CERTIFICATE OF RESOLUTION

I ....., hereby certify that the following resolution of the Board of Directors of.....was passed at a duly convened meeting of the Board held on ..... at which a quorum was present.

"It WAS RESOLVED that a Securities Account for the Company / Organisation / Institution be opened with Chengetedzai Depository Company Limited , ("CDCL") and be operated in accordance with the Terms and Conditions of the Depository in force from time to time"

.....  
Date

Certified true extract of minutes

.....  
Director/Secretary

### FOR PARTICIPANT USE ONLY

#### Declaration:

We, the undersigned undertake that we have checked the accuracy of the documents submitted with this application.

Verified By: .....

Signature: .....Date:.....

Securities Account Number

### FOR CDCL USE ONLY

☐ Approved

☐ Declined

Approved By: .....

Signature: .....

CDCL Date Stamp

White (original) – Client

Blue (copy) – Broker

Yellow (copy) – CDCL

Pink (copy) – Transfer Secretary



## SECURITIES ACCOUNT OPENING FORM CSD 1

To be completed in BLOCK LETTERS  
*To be completed in triplicate*

### APPLICANT PARTICULARS

#### **For Individuals**

Full Name.....Gender: Male:      Female:

ID Type\*.....ID Number\*.....Date of Birth.....

Foreign/Local Investor\*.....

#### **For Joint Applicant**

Full Name.....Gender: Male:      Female:

ID Type\*.....ID Number\*.....Date of Birth.....

Foreign/Local Investor\*.....

#### **For Companies/Institutions**

- |                        |  |
|------------------------|--|
| Corporate              | <input type="checkbox"/>                         |
| Non Member Institution | <input type="checkbox"/>                         |
| Pension Fund           | <input type="checkbox"/>                         |
| Church                 | <input type="checkbox"/>                         |
| Mutual Fund            | <input type="checkbox"/>                         |
| Stockbroker            | <input type="checkbox"/>                         |
| Deceased Estate        | <input type="checkbox"/> (Tick where applicable) |

Foreign/Local Investor\* .....

Company Name: .....Registration Number\*.....

Initial\_\_\_\_\_

Physical Address\*

.....  
.....  
.....  
.....

Postal Address:

.....  
.....  
.....  
.....

Telephone\*:..... Cellphone\*:..... Fax:.....

Email address\* .....

Applicant's Source of Income: .....

Authorised Signatories: .....

Authorised Signatories:.....

NB (\*) Denotes required/mandatory fields. Completed forms must be accompanied by certified copy of ID Document & two (2) passport size photos

#### Dividend Disposal Instruction

Bank Name..... Bank Branch..... Account Number.....

Account Name .....

#### **DECLARATION**

- i. I/We hereby request you to open and maintain a Securities Account in the Central Securities Depository (CSD) in my/our name(s).
- ii.I/We hereby represent and warrant that I/We have good title to such securities that may be held in my/our Securities Account from time to time.
- iii.I/We affirm that the funds to be used for the purchase of 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.
- iv.I/We hereby confirm that the undersigned Participant has full authority to intermediate and or conduct business on with the Depository on our behalf in keeping with CSD Rules and procedures that may be in force from time to time.
- v.I/We agree to be bound by the terms and conditions articulated by the CSD Rules including any procedures and any other instructions.
- vi.I/We undertake to notify the under mentioned Participant of any change of particulars or information provided by me/us in this form.

---

Initial\_\_\_\_\_

For Official Use

**FOR PARTICIPANT USE ONLY**

**Declaration:**

We, the undersigned undertake that we have checked the accuracy of the Documents submitted with this application.

Verified By: \_\_\_\_\_

Signature: \_\_\_\_\_

Securities Account Number: \_\_\_\_\_

Initial \_\_\_\_\_



# SECURITIES ACCOUNT REGISTRATION (CSD 1) FORM

To be completed in BLOCK LETTERS  
*To be completed in triplicate*

## APPLICANT PARTICULARS

## **For Individuals**

Full Name.....Gender: Male:                      Female:

ID Type\*:.....ID Number\*:.....Date of Birth.....

Foreign/Local Investor\*:.....

### **For Joint Applicant**

Full Name.....Gender: Male:                      Female:

ID Type\*:.....ID Number\*:.....Date of Birth.....

Foreign/Local Investor\*:.....

## For Companies/Institutions

Corporate ☐

Non Member Institution ☐Pension Fund ☐Church ☐Mutual Fund ☐

Stockbroker ☐

Deceased Estate ☐ (Tick where applicable)

Foreign/Local Investor\* .....

Company Name: .....Registration Number\*:

Initial

Physical Address\*

.....  
.....  
.....  
.....

Postal Address:

.....  
.....  
.....  
.....

Telephone\*:..... Cellphone\*:..... Fax:..... Email  
address\*..... Applicant's

Source of Income: ..... Authorised

Signatories: ..... Authorised

Signatories:.....

NB (\*) Denotes required/mandatory fields. Completed forms must be accompanied by certified copy of ID Document & two (2) passport size photos

Dividend Disposal Instruction

Bank Name..... Bank Branch..... Account Number..... Account  
Name .....

**DECLARATION**

- i. I/We hereby request you to open and maintain a Securities Account in the Central Securities Depository (CSD) in my/our name(s).
- ii. I/We hereby represent and warrant that I/We have good title to such securities that may be held in my/our Securities Account from time to time.
- iii. I/We affirm that the funds to be used for the purchase of 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.
- iv. I/We hereby confirm that the undersigned Participant has full authority to intermediate and or conduct business on with the Depository on our behalf in keeping with CSD Rules and procedures that may be in force from time to time.
- v. I/We agree to be bound by the terms and conditions articulated by the CSD Rules including any procedures and any other instructions.
- vi. I/We undertake to notify the under mentioned Participant of any change of particulars or information provided by me/us in this form.

\_\_\_\_\_

Initial \_\_\_\_\_



For Official Use

**FOR PARTICIPANT USE ONLY**

**Declaration:**

We, the undersigned undertake that we have checked the accuracy of the Documents submitted with this application.

Verified By: \_\_\_\_\_

Signature: \_\_\_\_\_

Securities Account Number: \_\_\_\_\_

**Documents Required**

Certified ID copy ☐

Certified Proof Residence ☐

Certified copy of Passport ☐

Initial \_\_\_\_\_