

# CSDB Securities Account Opening/BBS OTC Application Form-Individuals

**To be completed by individuals in Block letters**

## 1 Primary Applicant Particulars

Title:  Forenames\*:  Surname\*:

Date of Birth\*:  Gender:  National ID\*:  **CSD Client ID\***:

Postal Address Line1\*:  Postal Address Line2:

Village/Town/City\*:  Country\*:  Resident in\*:

Telephone\*:  Fax:  e-mail:

## Joint Applicant Particulars

Title:  Forenames\*:  Surname\*:

Date of Birth\*:  Gender:  National/Company ID\*:  **CSD Client ID\***:

Postal Address Line\*:  Physical Address\*:

Village/Town/City\*:  Country\*:  Resident in\*:

Telephone\*:  Fax:  e-mail:

N.B. \* denotes required/mandatory fields. *Completed forms must be accompanied by certified copies of **ID documents/Birth Certificate** for minors & proof of residence.*

## Dividend payment Instruction

☐ Cheque or ☐ Bank/EFT

Bank Name:  Branch:  Account no.:

## Part 2 and 3 to be Completed by applicant without a CSD account

### 2. Tick 1 broker only:

☐ Stockbrokers Botswana ☐ Motswedi Securities ☐ Imara Capital Securities ☐ African Alliance Securities

## 3. DECLARATION

- i. I/We, the undersigned, hereby request that a Securities Account be opened and maintained in the CSDB in my/our name(s).
- ii. I/We aver that I/We have full legal capacity and authority to open a CSDB account
- iii. I/We affirm that the funds used or to be used for the purchase of Securities through my / our Securities Account are not and shall not be funds derived from any money laundering activity or funds generated from terrorist, financial crime or any other illegal activity.
- iv. I /We aver that the undersigned Participant has full legal standing and full authority to intermediate and /or conduct business with the CSDB on my/our behalf.
- v. I/We also endure compliance with CSD Rules and procedures that may be in force from time to time and agree to be bound by such CSDB Rules.
- vi. I/We undertake to notify the under mentioned Participant of any change of particulars or information provided by me/us in this form.
- vii. I/We do hereby verify that the information provided above is true to the best of my/our knowledge and belief.

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

## 4. For Participant use only

Checked and Verified by (Signature): .....

Primary Applicant CSD Number: .....

Joint Applicant's CSD Number: .....

JOINT CSD Account Number: .....

## For CSDB use only

☐ Approved ☐ Declined

Signature:.....