



# Central Securities Depository - Rwanda

Securities Account Opening/Update Form - Institutions N° 1185

## To be completed in BLOCK LETTERS

### Applicant Particulars

Name of Company / Organisation / Institution* :		
<input type="text"/>		
Addresses (Physical and Postal)*:		
<input type="text"/>		
<input type="text"/>		
Village /Town/City:	Country*:	Nationality*:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone*:	Fax:	e-mail*:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of Incorporation /Registration :	Place of Incorporation / Registration :	Tax Code*:
<input type="text"/>	<input type="text"/>	<input type="text"/>
Registration / Certificate No*:	Broker's Code :	
<input type="text"/>	<input type="text"/>	
Bank Name* : .....Account number* : .....		

N.B. \* denotes required/mandatory fields. *Completed forms must be accompanied by Registration Certificate.*

### DECLARATION

- We hereby request you to open and maintain a Securities Account in the 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 with the Depository on our behalf in keeping with CSD rules and Procedures that may be in force from time to time.
- We agree to be bound by the CSD rules.
- We undertake to notify the under mentioned participant of any change of particulars or information provided by us in this form.

for and on behalf of the APPLICANT

Date .....

Stamp

.....  
AUTHORISED SIGNATORY / SIGNATORIES

<p><b>For Participant Use only</b></p> <p><b>Declaration :</b> We, the undersigned undertake that we have checked the accuracy of the documents submitted with this application.</p> <p><b>Checked and verified by :</b></p> <p>Name: Designation: Date and Signature Participant Name and Stamp</p> <p>Accompanying certified document (Registration certificate)</p>	<p><b>For CSD Use only</b></p> <p><input type="checkbox"/> Approved      <input type="checkbox"/> Declined</p> <p>CSD Account Number :</p> <hr/> <p>Date :</p> <p>Signature :</p> <p>Stamp :</p>
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