BANK OF UGANDA



CENTRAL SECURITIES DEPOSITORY ACCOUNT OPENING FORM

(To be submitted to the Investor's Commercial bank)

Attach photograph here

Date of submission:	
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 $\ensuremath{\mathsf{I}}$ / We hereby apply to open a CSD account with the following details which $\ensuremath{\mathsf{I}}$ /We attest to be true.

1. Details of CSD Account Holder

Α	Details of Individuals only		Account Name/ Business Name					
	First Name							
	Middle Name		Date of Company Registration					
	Last Name/ Surname		Date		Month		Year	

В	Gender (tick app	propriately)	Male			Fe	male	<u>;</u>						
C	Country of resid	dence / Business oper	ation	ation										
D	Date of Birth	Date			Month				Year					
E	Place of Birth		Natio	Nationality										
F	Citizenship (tick	(appropriately)	Loca	al Forei			oreign/	ign/offshore						
G	National ID / Pa	ssport Number												
Н	Mother's Maide	en Name												
I	Tax Identification	on Number												
J	Tax exemption	Status	Yes	•	No									
K	Email Address													
L	Telephone Con	tact:	1)		2)									
M	Postal Address:	•	Addr	ress 1) Ad			ddress 2)							
N.	0	d A d d												
N	Occupation an	a Adaress												

2. Settlement Bank Details

Α	Name of Settlement Bank	
C	Account at Settlement Bank	

3. Names of Authorised Signatories to operate the CSD account

Signatory 1		Date:				
a)	Name:					
b)	Telephone contact:					
c)	Authorised Signature:					
Signatory 2		Date:				
a)	Name:					
b)	Telephone contact:					
c)	Authorised Signature:					
Signatory 3		Date:				
a)	Name:					
b)	Telephone contact:					
c)	Authorised Signature:					
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NB. All signatories of the CSD Account are required to submit or attach a copy of their most recent photograph.

4. The CSD Agreement

I/weagree to operate a CSD account in line with the terms, rules and conditions provided for in the **Central Securities Dealing Agreement on the Bank of Uganda Website** and request you to honour instructions bearing signatures provided above.

5. For Official Use only
The Bank has verified the documents submitted and confirms that KYC Norms are fully complied with.
Name of Treasury Officer at Settlement Ranks
Name of Treasury Officer at Settlement Bank:
Signature:
Date:
Name of Head of Treasury officer at Settlement Bank:
Signature:
Date:

NB: Official Stamp required