| STOCKBROCKERS ZAMBIA LIMITE | D |
|-----------------------------|---|
| A. Identity D               | е |

Stockbrokers Zambia Limited
Second Floor, Exchange Building, Central Park, Corner Cairo/ Church Roads,

| ACCOUNT NUMBER |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|----------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| CV             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| LI             |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

| P O Box 38956, Lusaka, Zambia<br>Telephone: +260-211-227303/ +260-211-232456 Fax: +260-211-224055 |  |      |        |       |       |       |        | [        | CV      |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
|---|--|------|--------|-------|-------|-------|--------|----------|---------|-------|---------|--------|--------|---------|--------|--------|---------|-------|--------|----------|----------|-------|-------|--------|--------|-------|------|--------|-------|-------|
| Email: info@sbz.com.zm W: www.sbz.com.zm  |  |      |        |       |       |       |        |          |         |       |         |        |        |         | LI     |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
| A. Identity Details Please fill in ENGLISH and in Block letters with ink                          |  |      |        |       |       |       |        |          |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
|   | Name of Applicant (As appearing in supporting identification document)   |      |        |       |       |       |        |          |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
| Full<br>Name  | 26   | L    | _      |       |       |       |        |          |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
| Ivaiii  | 53   |      |        |       |       |       |        |          |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
| 2. Gender   |  |      |        |       |       |       |        |          |         |       |         | Sin    | gle [  | Ma      | arried | C. I   | Date    | of B  | irth   | D        | D        | M     | M     | Υ      | Υ      | Υ     | Υ    |        |       |       |
| 3. Na   |  |      | -      | tiale |       | _     |        |          | Othe    |       | اما ا   | 7 Nar  |        | doot    |        | Foroi  | an Na   | otion | al /D/ | <u> </u> | rt C     | any N | londe | tone   | for N  | Dlo 9 | For  | oian N | latio | aala) |
| 4. 31   | <ul> <li>4. Status Please tick (3) Resident Individual Non resident Foreign National (Passport Copy Mandatory for NRIs &amp; Foreign Nationals)</li> <li>5. ID No.</li> <li>*Please enclose certified copy of ID document</li> </ul> |      |        |       |       |       |        |          |         |       |         |        | iais)  |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
| 5. ID   | No.  | L    |        |       |       |       |        |          |         |       |         |        |        |         |        | *      | Pleas   | se e  | nclo   | se c     | ertif    | ied c | ору   | of IE  | ) do   | cum   | ent  |        |       |       |
| 6. Proof of Identity submitted  |  |      |        |       |       |       |        |          |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
| □ NRC □ Passport □ Voter ID □ Driving Licence □   |  |      |        |       |       |       |        |          |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
| B. Address Details 1. Address for Correspondence  |  |      |        |       |       |       |        |          |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
|   | T  |      |        |       | Ė     |       |        | Г        |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
| $\Box$  | $\top$   |      |        |       |       |       |        | $\vdash$ | T       |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
| City /  | Tow  | 'n   |        |       |       |       |        |          |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
| Provir  | nce .  | / St | ate    |       |       |       |        |          |         |       |         |        |        |         |        |        | Cou     | ıntry |        |          |          |       |       |        |        |       |      |        |       |       |
| 2. Cc   | nta  | ct   | deta   | ils   |       | •     |        | •        |         |       |         | •      |        | •       | •      | •      |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
| Tel.(Of   | f.) ·  | +    |        |       |       |       |        |          |         |       |         |        |        |         | Τe     | el. (R | es.)    | +     |        |          |          |       |       |        |        |       |      |        |       |       |
| Mobile  | ∍ .  | +    |        |       |       |       |        |          |         |       |         |        |        |         |        | F      | ax      | +     |        |          |          |       |       |        |        |       |      |        |       |       |
| Email   |  |      |        |       |       |       |        |          |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
| 3. Pro  |  |      |        |       |       |       |        | •        |         |       |         |        |        |         |        |        |         | owin  | g va   | lid do   | cum      | ents  | (3) a | gains  | st the | e doc | umei | nt att | ache  | d.    |
|   |  |      |        |       |       |       |        |          |         |       | _       |        |        |         |        |        |         |       | DI     |          | `~ ~ ~ i | £.,   |       |        |        |       |      |        |       |       |
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| 4. Pe   | rma  | ner  | nt Ad  | dre   | ss of | Res   | iden   | t Ap     | plica   | nt if | diffe   | rent 1 | rom    | abo     | ve B   | 1 OR   | (Ove    | ersea | as A   | ddres    | ss (N    | land  | atory | /) for | Nor    | -Res  | iden | t App  | lica  | nt    |
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| City /  | Tow  | n    |        |       |       |       |        |          |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       | Ш     |
| Provir  | ice /  | St   | ate    |       |       |       |        |          |         |       |         |        |        |         |        |        | Cou     | intry |        |          |          |       |       |        |        |       |      |        |       |       |
| 5. Ba   | nk l   | Ref  | eren   | ce [  | Detai | ls    |        |          |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
| Bank l  | Nam  | ne   |        |       | L     |       |        |          |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      | L      |       | Ш     |
| Branc   | h  |      |        |       | L     |       |        |          |         |       |         |        |        |         |        |        | L       |       |        |          |          |       |       |        |        |       |      | L      |       | Ш     |
| Accou   | nt N   | lun  | ber    |       |       |       |        |          |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |
|   |  |      |        |       |       |       |        | D        | ECL     | AR/   | ATIO    | N      |        |         |        |        |         |       |        |          |          | S     | IGN   | ATU    | RE     | OF A  | \PP  | LICA   | NT    |       |
| I hereb<br>belief a<br>is found   | nd I   | und  | lertal | ce to | infor | m you | u of a | ny ch    | hange   | s the | rein, i | mme    | diatel | y. In o | case   | any o  | f the a | above | e info | rmati    |          |       |       |        |        |       |      |        |       |       |
| Place:  |  |      |        |       |       |       |        | J ,      |         | , 3,  |         |        |        |         |        | Date:  |         |       | . 27   |          |          |       |       |        |        |       |      |        |       |       |
|   | FOR STOCKBROKERS ZAMBIA LIMITED ONLY   |      |        |       |       |       |        |          |         |       |         |        |        | DE      | TAI    | LS (   | OF IN   | N PE  | ERS    | У ИС     | /ERI     | IFIC  | ATIC  | )N D   | ONE    | =     |      |        |       |       |
| □(Or<br>□(At  | •  |      |        | ,     |       |       |        |          |         | •     | s rec   | eivec  | l.     |         |        |        |         | IF    | V D    | ONE      |          | ] ON  | D     | D      | M      | М     | Υ    | Υ      | Υ     | Υ     |
| REGIS   | STE  | RE   | D RE   | PRE   | ESEN  | TAT   | IVE    |          |         |       |         |        |        |         | $\top$ | Staff  | name    | е     | :      |          |          |       |       |        |        |       |      |        |       |       |
| REGISTERED REPRESENTATIVE Signature:  |  |      |        |       |       |       |        |          |         |       |         |        |        |         |        |        |         |       |        |          |          |       |       |        |        |       |      |        |       |       |

| FOR S             | STOCKBROKERS ZA  | AMBIA LIMITED ONLY | DETA        | AILS OF IN | PERSO | N VE | RIFIC    | ATIO | N D | ONE |   |   |
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| 1 — · ·           | verified) Self certified do<br>True copies of document | ·                  |             | IPV DONE   | ON[   | D [  | ) M      | M    | Υ   | Υ   | Υ | Υ |
| REGISTERE         | D REPRESENTATIVE                                       |                    | Staff name  | :          |       |      |          |      |     |     |   |   |
| Signature<br>Date | :  | Official Stamp:    | Designation | :          |       |      |          |      |     |     |   |   |
|                   | •  | omolai otampi      | Signature   | :          |       | Offi | cial Sta | amp: |     |     |   |   |