

FORM NO.....

CLIENT INFORMATION FORM COMPANY

(Required as per Capital Markets Authority Act 1992. Rules parts IV Section 11 (1)(1) & (b))

Business name:

P.O. Box: Town: Tel:

Names of Directors

1.....

2.....

3.....

4.....

Signing Instructions:

Authorized Signatories:

Name

Signature

1.....

2.....

3.....

4.....

5.....

Bank Details:

Banker: Branch: A/C No:

Banker: Branch: A/C No:

Name of the officer completing the form:

Signature: **Date:**

For Official Use Only

Officer in charge: Signature:

Verifying officer: Signature: Account No:

+255 767 786 188
+255 763 631 999

info@alphacapital.co.tz
www.alphacapital.co.tz

8th Floor, Millenium Tower 1,
Kijitonyama, P.O Box 70166,
Dar es salaam.