



NEW ACCOUNT APPLICATION FORM

PLEASE PRINT CLEARLY

NAME OF INSTITUTION		PHONE NUMBERS	BROKER'S ACCOUNT NUMBER (For Official Use)
COUNTRY OF INCORPORATION			LuSE ACCOUNT NUMBER (For Official Use)
PHYSICAL ADDRESS		Co. REGISTRATION NUMBER	
		EMAIL ADDRESS	
POSTAL ADDRESS		ACCOUNT TYPE <input type="checkbox"/> PROFESSIONAL <input type="checkbox"/> DISCRETIONARY <input type="checkbox"/> MANAGED <input type="checkbox"/> EXECUTION ONLY	
SIGNING AUTHORITIES		INSTITUTION TYPE	
Name	Title	Signature	<input type="checkbox"/> PUBLIC <input type="checkbox"/> PARTNERSHIP <input type="checkbox"/> PRIVATE <input type="checkbox"/> TRUST/OTHER
NAME OF CUSTODIAN (IF ANY)			
ADDRESS OF CUSTODIAN (IF APPLICABLE)		CONTACT PERSONS	
		NAMES	
		TEL:	FAX:
LOCAL SUB-CUSTODIAN (IF ANY)			
GLOBAL BANKERS NAME/ADDRESS		BRANCH	
BANKERS IN ZAMBIA NAME/ADDRESS		BRANCH	
This information is complete and may be relied upon until the undersigned sends written notice of any significant changes		(For Official Use)	
SIGNED _____ DATE _____		RR SIGNATURE _____	
SIGNED _____ DATE _____		DATE _____	
		COMMENTS _____	
(For Official Use)			
HOW LONG HAVE YOU KNOWN THE CLIENT? _____ <input type="checkbox"/> PHONE IN <input type="checkbox"/> WALK IN			
REFERRAL BY: _____ <input type="checkbox"/> PERSONAL CONTACT <input type="checkbox"/> ADVERTISING LEAD			