

	<b>Stockbrokers Zambia Limited</b> Second Floor, Exchange Building, Central Park, Corner Cairo/ Church Roads, P O Box 38956, Lusaka, Zambia Telephone: +260-211-227303/ +260-211-232456 Fax: +260-211-224055 Email: <a href="mailto:info@sbz.com.zm">info@sbz.com.zm</a> W: <a href="http://www.sbz.com.zm">www.sbz.com.zm</a>	ACCOUNT NUMBER									
	CV										
	LI										

A. Identity Details															Please fill in ENGLISH and in Block letters with ink																														
1. Name of Applicant (As appearing in supporting identification document)																																													
Full Names																																													
2. Gender					<input type="checkbox"/> Male <input type="checkbox"/> Female					B. Marital status					<input type="checkbox"/> Single <input type="checkbox"/> Married					C. Date of Birth																									
3. Nationality					<input type="checkbox"/> <b>Zambian</b> <input type="checkbox"/> <b>Other</b> _____																																								
4. Status					Please tick (3) <input type="checkbox"/> Resident <input type="checkbox"/> Individual <input type="checkbox"/> Non resident <input type="checkbox"/> Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)																																								
5. ID No.																															*Please enclose certified copy of ID document														
6. Proof of Identity submitted																																													
<input type="checkbox"/> NRC <input type="checkbox"/> Passport <input type="checkbox"/> Voter ID <input type="checkbox"/> Driving Licence <input type="checkbox"/>																																													
B. Address Details																																													
1. Address for Correspondence																																													
City / Town																																													
Province / State																																	Country												
2. Contact details																																													
Tel.(Off.) +																															Tel. (Res.) +														
Mobile +																															Fax +														
Email																																													
3. Proof of address to be provided by Applicant. Please submit ANY ONE of the following valid documents (3) against the document attached.																																													
<input type="checkbox"/> *Latest Bank A/c Statement <input type="checkbox"/> Lease/Sale Agreement of Residence																																													
<input type="checkbox"/> *Latest Telephone Bill (only Land Line) <input type="checkbox"/> * Latest Electricity Bill *Others _____ <small>Please Specify</small> *Not more than 3 Months old.																																													
<input type="checkbox"/> Validity/Expiry date of proof of address submitted <span style="border: 1px solid black; padding: 2px;">         D D M M Y Y Y Y       </span>																																													
4. Permanent Address of Resident Applicant if different from above B1 OR (Overseas Address (Mandatory) for Non-Resident Applicant																																													
City / Town																																													
Province / State																																	Country												
5. Bank Reference Details																																													
Bank Name																																													
Branch																																													
Account Number																																													

DECLARATION															SIGNATURE OF APPLICANT														
I hereby declare that the details furnished above are true and correct to the best of my/our knowledge and belief and I undertake to inform you of any changes therein, immediately. In case any of the above information is found to be false or untrue or misleading or misrepresenting, I am aware that I may be held liable for it.															<div style="border: 1px solid black; width: 100%; height: 100%;"></div>														
Place: _____ Date: _____																													

FOR STOCKBROKERS ZAMBIA LIMITED ONLY	DETAILS OF IN PERSON VERIFICATION DONE
<input type="checkbox"/> (Originals verified) Self certified document copies received. <input type="checkbox"/> (Attested) True copies of documents received.	IPV DONE <input type="checkbox"/> ON <span style="border: 1px solid black; padding: 2px;">           D D M M Y Y Y Y         </span>
REGISTERED REPRESENTATIVE  Signature : _____ Date : _____ Official Stamp: _____	Staff name : _____ Designation : _____ Signature : _____ Official Stamp: _____