

Individual Client Account Opening Form

Date: Account Number: _____

Title Mr. Mrs. Ms. Dr. Prof.

Surname: _____

Full Name(s): _____

ID Number / Passport Number: _____

Profession: _____

Bank Details

Bank: _____

Account Name: _____

Branch: _____

Account Number: _____

Currency: _____

Contact Details

Contact Person: _____ Contact Person: _____

Postal Address: _____ Physical Address: _____

Email Address(es): _____ Email Address(es): _____

Tel. Numbers Work: _____ Fax _____ Mobile: _____

Account Type	Tick	Custodian Details	
Individual – Resident	<input type="checkbox"/>	Local Custodian: _____	Contact Telephone: _____
Individual – Non-Resident	<input type="checkbox"/>	Address: _____	Contact Person(s): _____

Other (Specify): _____

Preferred Mode of Communication: **Tick** Email Fax Print

Special Instructions & Comments: _____

Full Name: _____ Signature: _____

Supporting Documents Required:

- 1. Certified photocopy of ID card
- 2. Certified photocopy of passport (for non-resident clients)
- 3. Proof of Residence (e.g. utility bill)

Forms & Attachments received and checked by:

Date: _____

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Anti-money Laundering

1. Are you or have you been entrusted with a prominent public function? YES NO

If yes, please provide us with the exact title of the public function: _____

Description and role of the public function: _____

2. Are you related in terms of Immediate family member or Close associate to a natural person who is or has been entrusted with a prominent public function? If yes, please provide us with the exact title of the public function as well as with the identity and your relationship with the involved natural person(s)

Surname, first name: _____

Relationship: _____

Description and role of the public function: _____

3. In the past five years, has any action been brought against you or your institution resulting from violations of laws or regulations concerning money laundering or terrorist financing? If Yes, please provide us with information concerning this action and the result of this action.

Mandate Form

1. **Placement of Order:**
 - All buy and sell orders must be placed by way of the methods listed below:
 - a) In writing or by fax
 - b) By way of telephone followed by written confirmation c) Via email
2. **Form of Payment:**
 - Settlement of shares to be done through client's local custodian.
3. **Time of Payment:**
 - Settlement of trades to be done in accordance with the Zimbabwe Stock Exchange settlement cycle, currently "T+3"
 - In the event of the settlement day falling on a public holiday, the next business day automatically becomes the settlement date.
4. **Bona Fide Deliveries of Shares:**
 - The client warrants that all securities received from the client or its agent shall be free of any pledge or other encumbrance and be accompanied by documentation required for good delivery.
5. **Safe Custody:**
 - IH SECURITIES does not offer any custody services.
 - Client should utilize custody services only from registered local custodians.
6. **Client Master File:**
 - The client shall immediately advise IH SECURITIES in writing of any change to the client's address, contact numbers, email addresses, contact persons, bank account details, custodians and any other relevant information, failing which, IH SECURITIES shall not be liable for any loss occasioned directly or indirectly from such failure.
7. **Indemnity:**
 - Whilst IH SECURITIES shall use its best endeavors at all material times, the client shall have no claim for any loss resulting from the client's investment objectives, if any, not being satisfied or from the client relying and/or acting upon advice, information or opinions furnished by IH SECURITIES or its employees.
 - The client agrees and warrants that all persons authorized to give instructions to IH SECURITIES in terms of this mandate on behalf of the client shall be deemed to have all consents and authorities of the client to do so unless otherwise instructed in writing by the client.

I/We the undersigned _____ ("the client"), hereby request and authorise Inter Horizon Securities (Pvt) Ltd (IH SECURITIES) upon the specific instructions received from the client from time to time to purchase and/or sell securities and financial instruments (collectively, "securities") on behalf of, and for the account of the client and to take steps incidental thereto and generally, to act on the client's behalf as IH SECURITIES deems to be in the client's best interests but subject at all times to the Rules and Directives of the Securities Commission of Zimbabwe and applicable legislation in force from time to time (collectively, "the Rules") and the terms of this mandate. To this end, IH SECURITIES is hereby instructed and authorized to open and operate in the name of the client an account as envisaged and governed by the Rules and the terms of this mandate. Words and phrases used in this mandate shall have the meanings assigned to them in the Rules. This mandate shall commence upon signature hereof and shall endure indefinitely until terminated upon 30 days written notice to that effect subject to all accrued rights and obligations.

Signature: _____ Represented By: _____

Date: _____ Place: _____