



Stockbrokers Zambia Limited
 32 Lubu Road, Longacres, Lusaka, Zambia
 T: +260 211 232456 | E: info@sbz.com.zm | W: www.sbz.com.zm

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 Male Female B. Marital status Single Married C. Date of Birth D D M M Y Y Y Y

3. Nationality **Zambian Other**

4. Status Please tick (3) Resident Individual Non resident Foreign National (Passport Copy Mandatory for NRIs & Foreign Nationals)

5. ID No. *Please enclose certified copy of ID document

6. Proof of Identity submitted
 NRC Passport Voter ID Driving Licence

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.

*Latest Bank A/c Statement Lease/Sale Agreement of Residence

*Latest Telephone Bill (only Land Line) * Latest Electricity Bill *Others Please Specify *Not more than 3 Months old.

Validity/Expiry date of proof of address submitted D D M M Y Y Y Y

4. Permanent Address of Resident Applicant if different from above B1 OR (Overseas Address (Mandatory) for Non-Resident Applicant

City / Town k

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.

Place:

Date:

FOR STOCKBROKERS ZAMBIA LIMITED ONLY

DETAILS OF IN PERSON VERIFICATION DONE

(Originals verified) Self certified document copies received.
 (Attested) True copies of documents received.

IPV DONE ON D D M M Y Y Y Y

SBZ DEALERS REPRESENTATIVE

Signature :
Date : Official Stamp:

Staff name :
Designation :
Signature : Official Stamp: