ALPHA CAPITAL
Broker, Investment Advisor, Fund Manager

FORM NO……

CLIENT INFORMATION FORM

INDIVIDUAL

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

Title (Prof/Dr/Hon/Rev/Mr/Mrs/Miss/Ms): ……..

Full name: ……

Nationality: …… NIDA/Passport No: ……..

Name and Address of Employer: ……

Date of Birth: ……. Occupation: ……

Physical address: ……

P.O. Box: …… Region: ……...

Mobile: …… Email: …….

Bank Account Details:

Bank: ……Branch: ……A/C No: ……

Signature: …… Date: …….

Next of Kin

Full name: ……

Relationship: …….

Residence: ……

Region: ……

Mobile: …… Email: ……

For Official Use Only

Officer in charge: …… Signature: ……

Verifying officer: …… Signature: ……

+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.