



Member of Uganda Securities Exchange  
Regulated by the Capital Markets Authority

**CLIENTS INFORMATION**

**COMPANY**

Company No. ....

Business Name .....

Physical Address.....

P.O. Box ..... Town.....

Telephone No. .... Fax No. ....

Email Address .....  
(Attach a copy of the Registration certificate)

**NAME OF DIRECTORS:**

- 1. ....
- 2. ....
- 3. ....
- 4. ....

**SIGNING INSTRUCTIONS**

Authorised Signatories:

Name	Signature
1. ....	.....
2. ....	.....
3. ....	.....
4. ....	.....

Name of officer completing the form .....

Signature .....

Date .....