



# UTT ASSET MANAGEMENT AND INVESTOR SERVICES PLC (UTT AMIS)

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size photograph

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## SCHEME ACCOUNT OPENING FORM

Tafadhali weka  panapo husika / Please  the relevant category

<input type="checkbox"/> UMOJA	<input type="checkbox"/> WEKEZA MAISHA	<input type="checkbox"/> WATOTO	<input type="checkbox"/> JIKIMU	<input type="checkbox"/> LIQUID	<input type="checkbox"/> BOND
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Akaunti ya uwekezaji / Investor Account Number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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### SEHEMU - A / PART - A FOMU YA MAOMBI / APPLICATION FORM

(1) Taarifa ya mwekezaji binafsi (Tafadhali weka  panapo husika) / Individual Investor (pls  the relevant category)

Mtanzania Mkazi / Resident Citizen of Tanzania  Mtanzania asiye mkazi / Non Resident Citizen of Tanzania  Nyinginezo / Others

Mwanaume / Male

Mwanamke / Female

(2) Waombaji ambao ni taasisi (Tafadhali weka  panapo husika) / Non-Individual Investors (pls  the relevant category)

Mfuko wa Pensheni / Pension Fund  Benki / Bank  Vyama vya Ushirika / Co-operative Society  Taasisi nyinginezo / Others [Corporate Body, NGO etc.]

(3) Kazi ya mwombaji (Tafadhali weka  panapo husika) / Applicant's Occupation (pls  the relevant)

Mkulima / Agriculture

Mwajiriwa / Employed

Mfanyabiashara / Business

Mstaafu / Retired

Mengineyo / Others

(4) Chanzo cha mapato ya fedha zitakazowekezwa / Source of funds to be invested

Mshahara / Salary

Biashara / Business

Vyanzo Vinginevyo / Other Sources

(5) Jinsi ya Umiliki (Tafadhali weka  panapo husika) / Holding Basis (pls  the relevant)

Mmoja / Singly

Wawili / Jointly

(6) Jina la mwombaji wa kwanza: Binafsi au Taasisi / Name of the 1<sup>st</sup> Applicant: Individual / Non-Individual

Jina la Ukoo / Surname

Jina la Kwanza / First Name

Jina la kati / Middle Name

Tarehe ya kuzaliwa / Date of Birth

Tarehe / Date

Mwezi / Month

Mwaka / Year

Jina la kampuni: (kwa taasisi) / Corporate Name: (for non-individual applicants)

Namba ya Utambulisho / Personal Identification Number

(Namba ya kura / Election Card , Namba ya pasipoti / Passport , Hati ya kuendesha gari / Driving Licence , Kitambulisho cha Uraia / National ID , Hati ya usajili wa kampuni, taasisi, kikundi n.k / Certificate of Registration for company, institution, groups etc  )

### SEHEMU - B / PART - B HATI YA UTAMBULISHO / ACKNOWLEDGEMENTSLIP

Wakala atoe kipande hichi na kumkabithi mwekezaji kwa ajili ya kumbukumbu) / (Collecting Agent should detach this portion and handover the same to the respective applicant for their records

Namba ya akaunti ya Mwekezaji / Investor Account Number

Jina la muombaji / First Applicant Name

kiasi kilicholipwa (Tzs.) / Application Amount (Tzs.)

Sahihi na Muhuri wa Ofisa wa Wakala / Stamp with date of Collecting Agent along with receiving official signature

<b>(7) Jina la mwombaji wa pili [kwa wamiliki wawili] / Name of the 2<sup>nd</sup> Applicant [in case of Joint Holding]</b>			
Jina la Ukoo / Surname			
Jina la Kwanza / First Name			
Jina la kati / Middle Name			
Tarehe ya kuzaliwa / Date of Birth	Tarehe / Date	Mwezi / Month	Mwaka / Year
Namba ya Utambulisho / Personal Identification Number (Namba ya kura / Election Card <input type="checkbox"/> , Namba ya pasipoti / Passport <input type="checkbox"/> , Hati ya kuendesha gari / Driving Licence <input type="checkbox"/> , Kitambulisho cha Uraia / National ID <input type="checkbox"/> ,			
<b>(8) Jina la Mzazi / Mlezi (kama mwombaji ni chini ya miaka 18) / Name of the Parent / Legal Guardian (where 1<sup>st</sup> applicant is minor)</b>			
Jina la Ukoo / Surname			
Jina la Kwanza / First Name			
Jina la kati / Middle Name			
Tarehe ya kuzaliwa / Date of Birth	Tarehe / Date	Mwezi / Month	Mwaka / Year
<b>(9) Anuani / Mailing Address</b>			
Sanduku la Posta / P.O. Box No.			
Wilaya / District			
Mkoa / Region			
Jina la Mji/Jiji/Jimbo / Town/City / State Name			
Nchi ya Makazi / Country of Residence			
Namba ya Simu / Phone No.			
Barua pepe / Email Address			
<b>(10) Taarifa za benki za mwombaji wa Kwanza (muhimu) / Bank A/c Particulars of the 1<sup>st</sup> Applicant [mandatory]</b>			
Jina la Benki / Bank Name			
Jina la Tawi / Branch Name/location			
Namba ya Akaunti / Account No.			
Aina ya Akaunti / Account Type	Akiba / Savings <input type="checkbox"/>	Hundi / Current <input type="checkbox"/>	Mengineyo / Others <input type="checkbox"/>
<b>(11) UTT SIMINVEST</b>			
Ungependa kupata taarifa kwa simu yako kupitia UTT SIMINVEST? / Would you like to be registered to UTT SIMINVEST?			
Ndiyo / Yes <input type="checkbox"/>	Hapana / No <input type="checkbox"/>		
Weka namba ya simu / Put your mobile number:			
Ungependa akaunti zingine ziingie kwenye UTT SIMINVEST? / Would you like your other account (s) to be added on UTT SIMINVEST?			
Ndiyo / Yes <input type="checkbox"/>	Hapana / No <input type="checkbox"/>		
1.	2.	3.	4.

Kwa maelezo zaidi kuhusu Mifuko yetu / For more information  
Tafadhali wasiliana nasi kwa anuani ifuatayo / Please contact us through the following address:

UTT AMIS: 2<sup>nd</sup> Floor, Sukari House, Sokoine Drive / Ohio Street,  
S.L.P. / P.O.Box 14825, Dar es Salaam | Tel: +255 22 2128460  
Namba za bure / Toll Free No's: 0800112020

Nukshi / Fax No: +255 22 2137593 | Barua pepe / Email: uwekezaji@uttamis.co.tz | Tovuti / Website: www.uttamis.co.tz



<b>(12) Taarifa za Mrithi / Details of the Nominee</b>				
S. No.	Majina kamili / Full names (Kwanza / First, Kati / Middle & Ukoo / Surname)	Tarehe ya kuzaliwa / Date of birth	Asilimia ya umiliki / Percentage of ownership	Uhusiano / Relationship
1.				
2.				
3.				
4.				
<b>Muhimu: Kama mrithi ni chini ya miaka 18 jaza taarifa zifuatazo / Note: If Nominee is a Minor, please furnish the below appended details</b>				
Tarehe ya kuzaliwa ya Mzazi / Mlezi / Mfadhili / Date of Birth of parent / guardian / sponsor				
Jina la Ukoo la Mzazi / Mlezi / Mfadhili / Surname of parent / guardian / sponsor				
Jina la kwanza la Mzazi / Mlezi / Mfadhili / First name of parent / guardian / sponsor				
Jina la kati la Mzazi / Mlezi / Mfadhili / Middle Name of parent / guardian / sponsor				
<b>(13) Sifa za Mifuko / Scheme Features</b>				
<b>13.1 Umoja Fund</b> <input type="checkbox"/>		<input type="checkbox"/> <b>Growth Scheme</b>		
<b>13.2 Wekeza Maisha</b> <input type="checkbox"/>				
Kiwango cha Uwekezaji (Shilingi) / Chosen Contribution Amount (Tzs)				
Kwa tarakimu / In figures <input type="checkbox"/>		Kwa maneno / In words <input type="checkbox"/>		
Chaguo la kuwekeza (tafadhali / muhimu) / Investment option (please / the relevant)				
{A} Chaguo la kuweka akiba kwa awamu / Regular Contribution Option				
Chaguo la malipo>> / Payment Option>> <input type="checkbox"/>		Kila Mwezi / Monthly <input type="checkbox"/>	Kila miezi 6 / Half-Yearly <input type="checkbox"/>	Kila mwaka / Yearly <input type="checkbox"/>
Njia za malipo>> / Payment Mode >> <input type="checkbox"/>		Moja kwa moja / Direct <input type="checkbox"/>	Kupitia benki / Banker <input type="checkbox"/>	Kupitia mwajiri / Employer (SSS) <input type="checkbox"/>
{B} Chaguo la kuweka akiba kwa mkupuo / Single Contribution Option <input type="checkbox"/>				
Uthibitisho wa afya njema / Declaration of good health statement				
<b>(A) Taarifa za Bima / Insurance information</b>				
(a) Je umeshawahi kukataliwa maombi ya kujiunga na bima ya maisha/ajali na kampuni yoyote ya bima au umepewa huduma hiyo kwa gharama kubwa au utaratibu maalum? Have you ever been refused life/disability insurance, or has an insurance company offered you cover subject to a higher premium or on special terms?		Ndiyo / Yes <input type="checkbox"/>	Ndiyo / Yes <input type="checkbox"/>	
(b) Kama ndio, jaza jina la kampuni hiyo, aina ya hati ya bima na kiasi cha bima / If yes, please furnish the name of insurance, type of policy and amount insured for:				
<b>(B) Taarifa za matibabu / Medical information</b>				
(a) Je unafahamu ugonjwa/hali ya mwili wako ambayo inaweza kufupisha maisha yako? Are you aware of any medical or physical condition in your health that is likely to compromise the longevity of your life?		Ndiyo / Yes <input type="checkbox"/>	Ndiyo / Yes <input type="checkbox"/>	
(b) Tafadhali orodhesha jina na anuani ya muhudumu wako wa matibabu (isipokuwa wa macho au meno) aliyekutibu ndani ya miaka 5 na pia taja aina ya ugonjwa: Please furnish the name & address of your usual medical attendant and those of any medical practitioners (except dentists or opticians) who treated you during the last five years and state the ailment:				
Jina la Daktari / Doctor's Name		Aina ya ugonjwa / ailment		
Tarehe / Date		Anuani / Address		
<b>(C) Uthibitisho / Declaration</b>				
(a) Ninathibitisha kwamba taarifa zote za afya zilizotolewa hapa ni kweli. Taarifa hizi pamoja na za madaktari zitumike kuhakikisha afya njema na uwezo wa kushiriki katika mfuko. I, the life to be insured, declare that all statements made in this declaration of health are true. I agree that such statements, together with those made, or to be made, to the medical officer and signed by me, shall be the basis of any assurance granted under the said scheme;				
(b) Ninaidhinisha kwamba daktari/hospitali au taasisi ya afya yoyote kutoa taarifa za afya yangu ikihusisha majibu ya damu na ninakubali taarifa hizo zitolewe wakati wa kifo cha ghafla. I hereby irrevocably authorise any doctor, hospital, medical institution or other person who may be in possession of, or hereafter acquire, any information concerning my health, including the results of any blood tests, to disclose such information to the company. I agree that this authority shall remain in force after my unfortunate death as well as prior thereto				

13.3 Watoto Fund			
Jina la Mtoto Mnufaika (i.e. Mwekezaji) / Name of the "Beneficiary Child" (i.e Unit Holder)			
Jina la Ukoo / Surname			
Jina la kwanza / First Name			
Jina la Kati / Middle Name			
Tarehe ya Kuzaliwa ya Mtoto Mnufaika (Muhimu) / Beneficiary child's date of birth (Mandatory)			
Tarehe / Date		Mwezi / Month	Mwaka / Year
Jina la Mzazi / Mlezi Anayetambulika Kisheria / Name of the Parent / Legal Guardian			
Jina la Ukoo / Surname:			
Jina la kwanza / First Name:			
Jina la Kati / Middle Name:			
Tarehe ya kuzaliwa / Date of birth:			
Uhusiano wa Mwombaji na Mtoto Mnufaika / Applicant's Relationship with the Beneficiary Child			
Baba / Father <input type="checkbox"/>	Mama / Mother <input type="checkbox"/>	Mlezi / Legal Guardian <input type="checkbox"/>	Mengineyo / Others <input type="checkbox"/>
13.4 Jikimu Fund <input type="checkbox"/>			
Mpango wa uwekezaji / Investment Option/Plan			
Robo mwaka / Quarterly: Kiasi cha chini / Minimum Investment: Tshs. 2,000,000 <input type="checkbox"/>			
Kwa mwaka / Annually: Kiasi cha chini / Minimum Investment: Tshs. 1,000,000 <input type="checkbox"/>			
Kuongeza vipande / Reinvestment Plan: Kiasi cha chini / Minimum Investment: Tshs. 15,000 <input type="checkbox"/>			
13.5 Liquid Fund <input type="checkbox"/>		<input type="checkbox"/> Growth Scheme	
13.6 Bond Fund <input type="checkbox"/>			
Kwa mwezi / Monthly: Kiasi cha chini / Minimum Investment: Tshs. 10,000,000 <input type="checkbox"/>			
Nusu mwaka / Semi Annual: Kiasi cha chini / Minimum Investment: Tshs. 5,000,000 <input type="checkbox"/>			
Kuongeza vipande / Reinvestment Plan: Kiasi cha chini / Minimum Investment: Tshs. 50,000 <input type="checkbox"/>			
(14) Sahihi/Alama ya Dole Gumba ya Mwombaji na tarehe / Signature / Thumb Impression of the Applicant's with Date			
Mwombaji wa Kwanza/Mweka Sahihi Aliyeidhinishwa /	Mwombaji wa Pili / Mweka sahihi wa pili Aliyeidhinishwa /	Tarehe / Date (DD-MM-YYYY)	
Signature/Thumb Impression of the Applicant's with Date	Signature/Thumb Impression of the Applicant's with Date		
Jina / Name:	Jina / Name:		
Sahihi / Signature:	Sahihi / Signature:		
KWA MATUMIZI YA OFISI / FOR OFFICIAL USE			
Fomu limepitwa / Document reviewed		Fomu imeidhinishwa na / Document Approved by	
Sahihi / Signature _____		Sahihi / Signature _____	
Jina / Name _____		Jina / Name _____	