

UTT ASSET MANAGEMENT AND INVESTOR SERVICES PLC (UTT AMIS)



MFUKO WA WEKEZA MAISHA / INVEST LIFE UNIT TRUST SCHEME (Mfuko wa Vipande vyenye Bima - ULIP) / (A Unit Linked Insurance Plan - ULIP)



(1) Bandika Picha Hapa /
Affix latest passport size photograph

Akaunti ya Uwekezaji / Investor Account Number

SEHEMU - A / PART - A

FOMU YA MAOMBI / APPLICATION FORM

(Tafadhali soma maelekezo katika kiambatanishi - I kabla ya kujaza form / (Please read instructions at Appendix - I before filling up this form)

(1) Kiwango cha Uwekezaji (Shilingi) /
Chosen Contribution Amount (Tzs)

Kwa tarakimu:
/ In figures:

Kwa maneno: / In words:

(2) CHAGUO LA KUWEKEZA (tafadhali ✓ muhimu) / INVESTMENT OPTION (please ✓ the relevant)

{A} Chaguo la kuweka akiba kwa awamu /
Regular Contribution Option

Chaguolamalipo>>/
Payment Option>>

Kila Mwezi / Monthly

Kila miezi 6 /
Half-Yearly

Kila mwaka / Yearly

Njia za malipo>> /
Payment Mode >>

Moja kwa moja /
Direct

Kupitia benki /
Banker

Kupitia mwajiri /
Employer (SSS)

{B} Chaguo la kuweka akiba kwa mkupuo / Single Contribution Option

(3) Muhimu: Njia ya malipo kupitia mwajiri, tafadhali jaza taarifa zifuatazo: / Note: if payment mode is EMPLOYER (SSS), please furnish the below mentioned details:

Namba ya kitambulisho / Employee ID No.

Cheo cha mfanyakazi / Designation

Jina la mwajiri / Employer Name

Anuani ya mwajiri / Employer Name

Namba ya simu / Employer Ph. No.

Namba ya kitambulisho cha uraia /
National ID Card No.

(4) Jumla ya kiasi cha
maombi (Shilingi) /
Total Application Amount (Tzs)

Kwa tarakimu: / In figures:

Kwa maneno: / In words:

Aina ya ulipaji: Payment Type: Pesa taslimu / Cash

Hundi / Cheque

Namba ya hundi: / Bankers Cheque No (if cheque):

TAARIFA ZA MWOMBAJI / APPLICANT DETAILS

(5) Taarifa za mwombaji (muhimu) /
Category (please ✓ the relevant)

Mtanzania mkazi /
Resident Citizen of Tanzania

Mtanzania si mkazi /
Non Resident Citizen of Tanzania

Mume / Male

Mke / Female

Tarehe / DD

Mwezi / MM

Mwaka / YYYY

(6) Kazi / Occupation

Mkulima /
Agriculture

Mwajiriwa /
Employed

Ajira Binafsi /
Selfemployed

Mfanyabiashara /
Business

Mengineyo /
Others

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

Mshahara /
Salary

Biashara /
Business

Vyanzo vinginevyo/
Other sources

(8) Jina la mwombaji /
Applicant Name

Jina la Ukoo: / Surname:

Jina la kwanza: / First Name:

Jina la kati: / Middle Name:

(9) Anuani ya
mwombaji /
Applicant Address

Sanduku la posta: / P.O Box No.:

Mji / Location (Town)

Wilaya /
District

Namba ya simu /
Phone No.

Mkoa /
Region

Barua pepe / E-mail Address

(10) Taarifa ya utambulisho (ni muhimu chagua mojawapo) / Personal Identification Details (at least one I.D number is mandatory)

Namba ya kadi ya kura / Election Card No.						Namba ya pasipoti / Passport No.								
Namba ya hati ya kuendesha gari Driving Licence No.						Namba ya kitambulisho cha uraia / National ID Card No.								

(11) UTT AMIS SIMINVEST

Ungependa kupata taarifa kwa simu yako kupitia UTT AMIS SIMINVEST? /
Would you like to be registered to UTT SIMINVEST?

Ndiyo / Yes Hapana / No

Weka Namba ya simu / Put your mobile number:

Ungependa akaunti zingine ziingie kwenye huduma ya Sim Invest / Would you like your other
account (s) to be added on SIMINVEST SERVICES?

Ndiyo / Yes Hapana / No

1. 2. 3. 4.

**(12) Taarifa za Benki /
Bank A/c Particulars**

Jina la Benki / Bank Name

Jina la tawi/mahali / Branch Name/
location

Namba ya akaunti / Account No.

Aina ya akaunti / Account Type Akiba / Savings Hundi / Current Mengineyo/Others

**(13) Taarifa za mrithi /
Nominee Details**

Jina la Ukoo / Surname:

Jina la kwanza / First Name:

Jina la kati / Middle Name:

**Muhimu: Kama mrithi ni chini ya miaka 18 jaza taarifa zifuatazo: /
Note: If nominee is a minor, please also furnish below mentioned details:**

Tarehe ya kuzaliwa - mrithi (Tarehe/Mwezi/Mwaka)
Date of Birth - Nominee: (DD/MM/YYYY)

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

Uhusiano wa mrithi na mwombaji wa kwanza/
Nominee's Relationship with 1st Applicant:

**(14) Taarifa zijazwe na
mwombaji mtanzania
ambaye si mkazi /
Details to be furnished by
Non Resident Applicants
(NRT)****ANUANI YA NJE YA TANZANIA / FOREIGN ADDRESS DETAILS**

Namba na jina la nyumba/ofisi/jengo/mtaa
House/Office/Building/Street No./Name:

Jina la mji/jiji/jimbo / Town/City/State Name:

Nchi ya makazi /
Country of Residence:

Namba ya posta
(kama ipo) /
Postal Code (if any)

(15) UTHIBITISHO WA AFYA NJEMA / DECLARATION OF GOOD HEALTH STATEMENT**(A) Taarifa za
Bima /
Insurance
information**

(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?

Ndio Yes Hapana No

(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) Taarifa za
matibabu
Medical
information**

(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?

Ndio Yes Hapana No

(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: / Illment:

Tarehe: / Date: Anuani: / Address

(C) Uthibitisho/ Declaration	<p>(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.</p> <p>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;</p>
	<p>(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.</p> <p>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</p>

(16) JINA, SAHIHI YA MWOMBAJI NA TAREHE APPLICANT SIGNATURE WITH DATE	Jina / Name							
	Sahihi/alama ya dole gumba ya mwombaji / Signature / Thumb impression of Applicant						(Tarehe/Mwezi/Mwaka Date (DD-MM-YYYY))	

KWA MATUMIZI YA OFISI - FOR OFFICIAL USE			
<p>Fomu limepitwa</p> <p>Document reviewed</p> <p>Sahihi / Signature _____</p> <p>Jina / Name _____</p>	<p>Fomu imeidhinishwa na</p> <p>Document Approved by</p> <p>Sahihi / Signature _____</p> <p>Jina / Name _____</p>		

Namba ya akaunti ya Mwekezaji / Investor Account Number	
Mfuko wa Wekeza Maisha / Scheme Wekeza Maisha / Invest Life Unit Trust Scheme	
Jina la Mwombaji / Application Name	
Kiasi kilicholipwa / Application Amount (Tzs)	
Sahihi na Muhuri wa ofisa wa wakala / Stamp with date of Collecting Agent alongwith receiving official signature	

- Maombi ya huduma hii yatakataliwa endapo fomu ya maombi haitajazwa kikamilifu kama ilivyoainishwa katika kiambatanishi (sehemu I & II) kilichopo katika fomu ya maombi

If the application is incomplete and any other requirement is not fulfilled, the application is liable to be rejected.

- Mawasiliano yote kuhusu mauzo na manunuzi ya vipande, taarifa ya akaunti, kubadili jina la mrithi, kubadili jina, anuani, taarifa za benki, madai ya kifo n.k yawasilishwe kwa msajili kupitia anuani ifuatayo:

All communications relating to sale, re-purchase, issue of Unit Certificate/SOA, change in nomination, name address, bank details and death claims etc., may please be addressed to the Registrar at the following address:

Kampuni ya Uwekezaji Tanzania / UTT AMIS:

Jengo la Sukari, Ghorofa ya Pili, Mtaa wa Sokoine na Ohio

2nd Floor, Sukari House, Sokoine Drive/ Ohio Street,

S.L.P. / P.O. Box 14825, Dar es Salaam – Tanzania

Simu / Tel: +255 22 2128460 | Namba ya Bure / Toll Free No's: 0754 800455 & 0754 800544

(voda to voda) 0715 800455 & 0715 800544 (tigo to tigo) 0782 800455 (Airtel to Airtel)

Faksi / Fax +255 22 2137593

Barua pepe / Email Address: uwekezaji@uttamis.co.tz | Tovuti / Website: www.uttamis.co.tz



VIPANDE VITATOLEWA KUFUATANA NA KANUNI ZA MFUKO WA WEKEZA MAISHA /

UNITS WILL BE ISSUED SUBJECT TO THE PROVISIONS OF WEKEZA MAISHA/INVEST LIFE UNIT TRUST SCHEME

MUHIMU: MWEKEZAJI AKATE KIAMBATANISHI KILICHOKO KWENYE FOMU YA MAOMBI NA KUBAKI MACHO KWA AJILI YA KUMBUKUMBU BINAFSI

NOTE: INVESTOR SHOULD DETACH APPENDIX - I AND RETAIN THIS PORTION FOR THEIR REFERENCE