


Bandika picha hapa kwa
mwombaji wa kwanza /
Affix latest passport
size photograph for 1st
Applicant


Bandika picha hapa kwa
mwombaji wa pili /
Affix latest passport
size photograph for 2nd
Applicant

SCHEME ACCOUNT OPENING FORM
FOMU YA KUFUNGUA AKAUNTI


Tafadhali weka panapohusika / Please the relevant category

 Akaunti namba ya mwekezaji /
Investor's Account Number:


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 Akaunti namba ya mwekezaji /
Investor's Account Number:


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 Akaunti namba ya mwekezaji /
Investor's Account Number:


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 Akaunti namba ya mwekezaji /
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 Akaunti namba ya mwekezaji /
Investor's Account Number:

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 Akaunti namba ya mwekezaji /
Investor's Account Number:

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SEHEMU A / PART A

(1) Taarifa za mwombaji wa kwanza / 1st Applicant's informations

(1.1) Majina kamili ya mwombaji wa kwanza / Full names of the 1st Applicant

Jina la Kwanza / First Name: _____ Jina la kati / Middle Name: _____ Jina la Ukoo / Surname: _____

Tarehe ya kuzaliwa / Date of Birth: _____ Tarehe / Date: _____ Mwezi / Month: _____ Mwaka / Year: _____

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

Jinsia / Gender: Mwanaume / Male Mwanamke / Female

Andika namba ya Kitambulisho / Identification number:
Kitambulisho cha Uraia / National ID , Namba ya mpiga kura / Election Card , Namba ya pasipoti / Passport , Hati ya kuendesha gari / Driving Licence

(1.2) Kazi ya Mwombaji wa kwanza / 1st Applicant's Occupation

Mkulima / Agriculture Mwajiriwa / Employed Mfanyabiashara / Business Mstaafu / Retired Mengineyo / Others

(2) Jinsi ya Umiliki / Holding Basis

Mmoja / Singly Wawili / Jointly

(3) Taarifa za mwombaji wa pili / 2nd Applicant's informations

(3.1) Majina Kamili ya mwombaji wa pili (kwa wamiliki wawili) / Full names of the 2nd Applicant (in case of Joint Holding)

Jina la Kwanza / First Name: _____ Jina la kati / Middle Name: _____ Jina la Ukoo / Surname: _____

Tarehe ya kuzaliwa / Date of Birth: _____ Tarehe / Date: _____ Mwezi / Month: _____ Mwaka / Year: _____

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

Jinsia / Gender: Mwanaume / Male Mwanamke / Female

(3.2) Kazi ya Mwombaji wa pili / 2nd Applicant's Occupation

Mkulima / Agriculture Mwajiriwa / Employed Mfanyabiashara / Business Mstaafu / Retired Mengineyo / Others

Andika namba ya Kitambulisho / Identification number:
Kitambulisho cha Uraia / National ID , Namba ya mpiga kura / Election Card , Namba ya pasipoti / Passport , Hati ya kuendesha gari / Driving Licence

(4) Majina kamili ya Mzazi / Mlezi (kama mwombaji wa kwanza yuko chini ya miaka 18) / Full names of the Parent / Legal Guardian (where 1st applicant is a minor)					
Jina la Kwanza / First Name:		Jina la kati / Middle Name:		Jina la Ukoo / Surname:	
Tarehe ya kuzaliwa / Date of Birth:		Tarehe / Date:	Mwezi / Month:	Mwaka / Year:	
(5) Taarifa ya Taasisi, Kampuni, Kikundi n.k / Information of Institution, Company, Social group etc					
(5.1) Jina la Taasisi, Kampuni, Kikundi n.k / Name of Institution, Company, Social group etc					
Andika namba ya hati ya usajili wa kampuni, taasisi, kikundi n.k / Number of certificate of Registration for company, institution, groups etc					
Mfuko wa Pensheni / Pension Fund <input type="checkbox"/>	Benki / Bank <input type="checkbox"/>	Kikundi cha kijamii / Social group <input type="checkbox"/>	Nyinginezo / Others [Corporate Body, NGOs etc.] <input type="checkbox"/>		
(6) Chanzo cha mapato ya fedha zitakazowekezwa / Source of funds to be invested					
Mshahara / Salary <input type="checkbox"/>	Biashara / Business <input type="checkbox"/>	Vyanzo Vinginevyo / Other Sources <input type="checkbox"/>			
(7) Anuani / Mailing Address					
Sanduku la Posta / P.O. Box No.:					
Wilaya / District:					
Mkoa / Region:					
Mji/Jiji/Jimbo / Town/City / State:					
Nchi ya Makazi / Country of Residence:					
Postcode / Msimbo:					
Location / Eneo:					
Street / Mtaa:					
Ward / Kata:					
House No. / Namba ya nyumba:					
Namba ya Simu / Phone No.:					
Barua pepe / Email Address:					
(8) Taarifa za benki / Bank Particulars					
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"/>	
(9) UTT SIMINVEST					
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:					
Weka namba nyingine za akaunti ambazo ungependa ziunganishwe / Put other accounts to be added on UTT SIMINVEST					
1.	2.	3.	4.		
(10) Taarifa za Mrithi / Details of the Nominee(s)					
Sr. No.	Majina kamili / Full names (Jina la kwanza / First name, Kati / Middle name & Ukoo / Surname)	Akaunti Namba / Account Number	Tarehe ya kuzaliwa / Date of birth	Asilimia ya umiliki / % of ownership	Uhusiano / Relationship
1.					
2.					
3.					
4.					
5.					

Muhimu: Kama mrithi ni chini ya miaka 18 jaza taarifa zifuatazo / Note: If Nominee is a Minor, please furnish the below appended details	
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:	
(11) Sifa za Mifuko / Scheme Features	
11.1 Mfuko wa Umoja / Umoja Unit Trust Scheme <input type="checkbox"/>	Growth Scheme
11.2 Wekeza Maisha / Unit Linked Insurance Plan <input type="checkbox"/>	
Kiwango cha Uwekezaji (Shilingi) / Chosen Contribution Amount (Tzs):	
Kwa tarakimu / In figures:	Kwa maneno / In words:
Chaguo la kuwekeza (tafadhali ✓ muhimu) / Investment option (please ✓ the relevant)	
{A} Chaguo la kuweka akiba kwa awamu / Regular Contribution Option <input type="checkbox"/>	
Chaguo la malipo / Payment Option	Kila Mwezi / Monthly <input type="checkbox"/> Kila miezi 6 / Half-Yearly <input type="checkbox"/> Kila mwaka / Yearly <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	
(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?	Ndiyo / Yes <input type="checkbox"/> Hapana / No <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) 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?	Ndiyo / Yes <input type="checkbox"/> Hapana / No <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 illness:	
Jina la Daktari / Doctor's Name:	Aina ya ugonjwa / illness:
Tarehe / Date:	Anuani / Address:
(C) Uthibitisho / Declaration	
(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 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 hata wakati wa kifo changu. 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	

SEHEMU B / PART B HATI YA UTAMBULISHO / ACKNOWLEDGEMENT SLIP	
Wakala atoe kipande hichi na kumkabidhi 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:	
Sahihi na Muhuri wa UTT AMIS au Wakala / Official signature and UTT AMIS or Collecting Agent dated stamp	

11.3 Mfuko wa Watoto / Children's Career Investment Plan <input type="checkbox"/>			
Majina kamili ya Mtoto Mnufaika / Full names of the Beneficiary Child			
Jina la Kwanza / First Name:		Jina la kati / Middle Name:	Jina la Ukoo / Surname:
Tarehe kamili ya Kuzaliwa ya Mtoto Mnufaika (Muhimu) / Beneficiary child's date of birth (Mandatory):			
Majina kamili ya Mzazi / Mlezi Anayetambulika Kisheria wa mtoto mnufaika / Full names of the Parent / Legal Guardian of the beneficiary child			
Jina la Kwanza / First Name:		Jina la kati / Middle Name:	Jina la Ukoo / Surname:
Tarehe ya kuzaliwa ya mzazi au mlezi wa mtoto mnufaika / Date of birth of the parent / guardian of the beneficiary child:			
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"/>
11.4 Mfuko wa Jikimu / Regular Income Unit Trust Scheme <input type="checkbox"/>			
Mipango ya utoaji gawio / Income distribution options:			
(i) Mpango wa gawio kwa Robo mwaka / Quarterly Option: Kiasi cha chini / Minimum Investment: Tshs. 2,000,000 <input type="checkbox"/>			
(ii) Mpango wa gawio kwa mwaka / Annual Option: Kiasi cha chini / Minimum Investment: Tshs. 1,000,000 <input type="checkbox"/>			
(iii) Mpango wa kuongeza vipande / Reinvestment Plan: Kiasi cha chini / Minimum Investment: Tshs. 5,000 <input type="checkbox"/>			
11.5 Mfuko wa Ukwasi / Liquid Fund Unit Trust Scheme <input type="checkbox"/>		Growth Scheme	
11.6 Mfuko wa Hatifungani / Bond Fund Unit Trust Scheme <input type="checkbox"/>			
Mipango ya Uwekezaji (Utoaji gawio) / Investment Options (Income distribution):			
(i) Mpango wa gawio kwa mwezi / Monthly Income Option: Kiasi cha chini / Minimum Investment: Tshs. 10,000,000 <input type="checkbox"/>			
(ii) Mpango wa gawio kwa nusu mwaka / Semi Annual Income Option: Kiasi cha chini / Minimum Investment: Tshs. 5,000,000 <input type="checkbox"/>			
(iii) Mpango wa kuongeza vipande / Reinvestment Plan: Kiasi cha chini / Minimum Investment: Tshs. 50,000 <input type="checkbox"/>			
(12) Jinsi ya kuendesha akaunti / Authority to operate			
i. Mmoja anaweza kusaini / Either to sign <input type="checkbox"/>		ii. Wawili kusaini / Both or two to sign <input type="checkbox"/>	
Kumbuka: Kwa mwombaji ambae ni taasisi / makampuni weka muhuri wa ofisi kuashiria kuridhia kwa ofisi / Note: For corporate applicants, put the official stamp and signature in lieu of declaration that the application has been sanctioned according to the organization.			
12.1 Sahihi/Alama ya Dole Gumba ya Mwombaji na tarehe / Signature / Thumb Impression of the Applicant's with Date			
Mwombaji au mweka sahihi wa Kwanza / Mweka sahihi aliyeidhinishwa Signature / Thumb Impression of the 1 st authorized applicant		Mwombaji au mweka sahihi wa pili au mweka sahihi wa pili aliyeidhinishwa / Signature / Thumb Impression of the 2 nd authorized applicant	
Jina / Name: _____		Jina / Name: _____	
Sahihi / Signature: _____		Sahihi / Signature: _____	
Wadhifa / Designation: _____		Wadhifa / Designation: _____	
Tarehe / Date (DD-MM-YYYY): _____		Tarehe / Date (DD-MM-YYYY): _____	
KWA MATUMIZI YA OFISI / FOR OFFICIAL USE			
Fomu imepitwa / Document reviewed by		Fomu imeidhinishwa na / Document Approved by	
Sahihi / Signature: _____		Sahihi / Signature: _____	
Jina / Name: _____		Jina / Name: _____	

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

UTT AMIS: 2nd Floor, Sukari House, Sokoine Drive / Ohio Street,
S.L.P. / P.O.Box 14825, Dar es Salaam | Simu / Tel: +255 22 2128460
Namba ya bure / Toll Free Number: 0800112020

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

Anza kuwekeza leo kwa kufungua akaunti ya UTT AMIS kupitia #SimInvest



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UTT AMIS MOBILE APP

