



# WAREHOUSE RECEIPTS REGULATORY BOARD

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## DEPOSITORS REGISTRATION FORM

### FORM YA MWEKA MALI

(Fill in Triplicate: First Copy - Depositor; 2nd Copy - Warehouse Operator; 3rd - Board)

(Jaza Nakala tatu- 1 Mweka Mali; 2-Mwendesha Ghala /Msimamizi wa Dhamana; 3- Bodi)

(Made under Section 3 of the Warehouse Receipt Act No 10 of 2005 and Schedule VI of the Warehouse Regulations 2016  
(Chini ya Kifungu cha 3 Sheria Namba 10 ya 2005 Jedwali VI la Kanuni za Ghala 2016)

1. Full Business Name of Depositor / <i>Jina Kamili la Kibiashara la Mweka Mali</i>		
2. Physical Address / <i>Anuani</i>		
3. Telephone Number / <i>Namba ya Simu</i>		
4. Full name of Authorized Signatories / <i>Jina kamili la afisa Mwenye Mamlaka ya Kuweka Sahihi</i>		
5. Type of Crop(s) / <i>Aina ya Zao</i>		
6. Storage Quantity Estimates / <i>Kiasi Cha Mazao (Kwa Kilo) Ninachotarajia Kuleta Ghalani</i>		
7. <i>Bank Information</i> / Taarifa za Benki	<i>Name of Banker</i> / Jina la Benki	
	<i>Branch</i> / Tawi	
	<i>Bank Account</i> / Namba ya	
8. Depositor's Declaration / <i>Azimio la Mweka Mali</i> :  <p>“<b>Knowing</b> that false statements made to the Board may lead to the rejection of this application and subjected to litigation. I declare that any statements made in this application are true to the best of my knowledge. Further, as a condition to granting this license. I have read and agree to comply with all provision governing the operation of warehouse under this Act and its Regulations and other guidelines and directives issued by the Board”. / “ <b>Najua kwamba taarifa yoyote ya uwongo itakayotolewa kwa Bodi ya Leseni za Maghala Tanzania nikiwa kama Mweka Mali itasababisha kukosa haki kwa mujibu wa Mwongozo, Kanuni na Sheria ya Stakabadi za ghala. Pia ninajua kwamba, ninaweza kuchukuliwa hatua zaidi kwa mujibu wa Sheria hii, ikiwa ni pamoja na kufunguliwa Mashtaka Mahakamani. Kama sharti la kuhifadhiwa mazao yangu natamka kwamba nimekubaliana na nitafuata taratibu, miongozo, kanuni na sheria kwa mujibu wa Sheria ya Stakabadi z Ghala ambazo kwa pamoja zinasimiwa na Bodi.</b>”</p>		
9. Depositors Authorized Signature / <i>Saini ya Mweka Mali</i>		
Full Name _____	Jina Kamili _____	
Signature _____	Sahihi _____	
Date / <i>Tarehe</i> _____	<i>Tarehe</i> _____	
10. Authorized Signatory of Warehouse Operator or Collateral Manager / <i>Saini ya Mwendesha ghala / Msimamizi wa Dhamana</i>		
Full Name _____	Jina Kamili _____	
Signature _____	Sahihi _____	
Date / <i>Tarehe</i> _____	<i>Tarehe</i> _____	