



LIEN RELEASE FORM

(To be submitted in duplicate and delivered to the Manager Domestic Markets)

**Manager Domestic Markets
Bank of Tanzania
P.O. Box 2939
Dar es Salaam**

Date:

Name of the CDS securities account on which the lien is being released:

.....
CDS securities a/c. number to be credited on release of the lien:

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Name of the CDS securities account holder releasing the lien:

.....
CDS securities a/c. number on which the lien is being released:

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Value date of the lien release (DD/MM/YYYY): ____/____/____

Holding number of the CDS securities to be released from lien: _____

Maturity date of the issue (DD/MM/YYYY): ____/____/____

Maturity date of the lien (DD/MM/YYYY): ____/____/____

Face Value of the lien release:

TZS:

Value in words: _____

Date

Authorized Signature

Authorized Signature

For Official Use Only

Verified By: _____ **Sign** _____ **Date** _____
Approved By: _____ **Sign** _____ **Date** _____
Remarks: _____