

FORM NO 5

DATE:

FULL NAME OF WAREHOUSE OPERATOR/ COLLATERAL
MANAGER

WAREHOUSE OPERATION NUMBER.....

P.O. BOX

.....

To: The Managing Director,
Warehouse Receipt Regulatory Board,
P.O.Box 38093,
Dar Es Salaam.

Phone: +255 22 2128 691

DAILY WAREHOUSE RECEIPT RETURNS

(Made under Regulations 30(d) of Warehouse Receipt Regulation 2016)

NAME /TYPE OF COMMODITY:

S.NO	RE- CEIPT NO	NAM E OF DE- POSI TOR	DIS- TRI CT	NAME OF FI- NANCE CIER	DATE ISSUED	COMMODITY						STOR- AGE IN- STRUC TIONS	DIS- POSITI ON / RE- MARK S
						MC					NO OF UNIT		
Total													

Prepared by:

Name..... Signature..... Date.....

Verified by:

Name..... Signature..... Date.....

Authorized by:

Name..... Signature..... Date.....

CC: Any Financing Institution (s)
Any Agent of the Depositor (s)
Any Government Office (Upon Request)