UNIT TRUST ACCOUNT OPENING FORM

PRIMARY IDENTIFICATION

1. Original ID or Passport and PIN Certificate (Individuals & Corporate Signatories)
2. Certified Copies of Registration/Incorporation Certificate (Body Corporates)
3. Confirmation of Residential/Physical Address (Utility Bill or Tenancy Agreement)
4. One Passport Photograph (For Non NCBA Account Holders)
5. Certified Copy of KRA PIN for Corporate Applicants
6. Proof of Payment/ Account
7. Bank Transfer/ Direct Deposit Confirmation
8. Certified Copy of Recent Bank Statement, Void Cheque or ATM Card Mandate
9. Board Resolution Mandating Investment & Authorised Signatories (Body Corporates)

INDIVIDUAL/ JOINT APPLICANT 1

Mr. Mrs. Miss Ms. Dr. Prof. Hon. H.E. Other

Name: ____________________________

Date of birth: __________ ID/ Passport No.: ____________________________

KRA PIN No.: ____________________________ Tel No.: ____________________________

Postal Address: ____________________________ Postal Code: __________ Town/ City: __________ Country: __________

Mobile No.: ____________________________ Email: ____________________________

Nationality ____________________________ Signature ____________________________

Signature Mandate: □ Sole □ Either □ All to Sign □ Others (specify) ____________________________

INDIVIDUAL/ JOINT APPLICANT 2

Mr. Mrs. Miss Ms. Dr. Prof. Hon. H.E. Other

Name: ____________________________

Date of birth: __________ ID/ Passport No.: ____________________________

KRA PIN No.: ____________________________ Tel No.: ____________________________

Postal Address: ____________________________ Postal Code: __________ Town/ City: __________ Country: __________

Mobile No.: ____________________________ Email: ____________________________

Nationality ____________________________ Signature ____________________________

Signature Mandate: □ Sole □ Either □ All to Sign □ Others (specify) ____________________________

CORPORATE APPLICANT

Company/ Organisation name: ____________________________
Registration number: ___________________________ Postal code: ___________________________

Contact person: ___________________________ Position in organisation: ___________________________

Tel No.: ___________________________ Email: ___________________________

Signature Mandate: [ ] Sole [ ] Either [ ] All to Sign [ ] Others (specify) ___________________________

### AUTHORISED SIGNATORIES FOR CORPORATE APPLICANT

<table>
<thead>
<tr>
<th>Name</th>
<th>Position in Organization</th>
<th>ID/Passport No.</th>
<th>Signature</th>
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### INVESTMENT AMOUNT

<table>
<thead>
<tr>
<th>Name of Fund</th>
<th>Account Details</th>
<th>Amount</th>
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</thead>
<tbody>
<tr>
<td>NCBA Money Market Fund</td>
<td>Bank: NCBA</td>
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<tr>
<td></td>
<td>Account No.: 5100555001</td>
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<tr>
<td>NCBA Equity Fund</td>
<td>Bank: NCBA</td>
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<td></td>
<td>Account No.: 5105555018</td>
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<tr>
<td>NCBA Dollar Investment Fund</td>
<td>Bank: NCBA</td>
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<td></td>
<td>Account No. 7271190063</td>
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<td>Total</td>
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Payment method (specify)

[ ] Cheque [ ] Bank Deposit [ ] Local Transfer [ ] Standing Order [ ] International Transfer

NCBA accepts Personal/ Corporate and Bankers Cheques payable to the account name of the fund in which you intend to invest. No third party cheques will be accepted. Payments should be made directly into the collection account and payment details must be attached to the application form. Please note that the Bank deposit slip will be deemed as a receipt but not as value by NCBA until funds are sighted in the account.

### STANDING ORDER INSTRUCTIONS

<table>
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Standing Order Due Date ____________ Amount ____________ Account Number to Debit ____________

Frequency: [ ] Weekly [ ] Monthly [ ] Quarterly [ ] Semi-annually
SOURCE OF FUNDS

- Savings
- Dividends
- Sale of Investments
- Gifts/Inheritance
- Pension
- Donation
- Business Profits (Nature of Business)
- Others (specify)

INCOME DISTRIBUTION

Do you want to reinvest Interest/Dividend Income?  Yes  No

- If “No”, please send income distribution amounts to my Bank Account on file (please tick where applicable)

- Money Market (monthly)
- Equity Fund (semi-annually)
- Dollar Investment Fund (Monthly)

BANK DETAILS

Account Name ____________________________
Bank Name ____________________________ Branch ____________________________
Currency ____________________________ Account No. ____________________________
Currency ____________________________ Account No. ____________________________

Statements and Other Correspondence
All statements, reports and notices will be sent through email. Please ensure your email is correctly entered. If no email address is provided statements, reports and notices will be sent by post to the postal address provided.

BENEFICIARY DETAILS

<table>
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<tr>
<th>Name</th>
<th>Relationship</th>
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GENERAL DETAILS

How did you hear about NCBA Unit Trust Funds?

- Media
- Referral: referred by ____________________________
- Internet
- Others (specify) ____________________________
DECLARATIONS

- I/We confirm that I/We received clear explanations and understanding on the investment product before signing.
- I/We confirm that the product was fully explained to Me/Us with particular attention having been paid to its charge structure and any possible cancellation penalties that I/We may incur.
- I/We confirm that it was explained to Me/Us that unit/fund values may go down as well and past performances are not necessarily a guide to future performance.
- Whilst projections of future performances may have been shown to me illustrating annual/monthly growth rate, no guarantees as to the actual performance of my investment were made.
- I/We apply to invest in the NCBA Unit Trust Fund on the terms, conditions and regulatory information set out in the Information Memorandum and Trust Deed.
- I/We confirm that the investment in the Fund is not being acquired directly or indirectly by or on behalf of any person restricted by law of any jurisdiction from acquiring such an investment and that I/We will not sell, transfer or otherwise dispose of any investment in the Fund directly or indirectly to or for the account of such person.
- I/We hereby agree that all proceeds for redemptions and income distribution will be paid in accordance to the applicable payment instructions.
- I/We confirm that the money used for investments in the NCBA Unit Trust are not arising out of proceeds of any money laundering or other illicit activities.
- I/We agree that NCBA is not responsible for any liability, losses or damages resulting from e-mail or fax instructions, except when such liability or loss results from negligence, or willful default on NCBA’s part.
- I/We warrant that all the information given in this proposal and in all documents which have been or will be signed by me/us in connection with proposed application whether in my handwriting or not, is true and complete.
- I/We hereby expressly acknowledge and agree that pursuant to the Foreign Account Tax Compliance Act (FATCA) enacted under the Laws of the United States of America (US), the Bank is or may be required for US citizens or residents to disclose and report certain information concerning my/our account to the relevant authorities including but not limited to the US Internal Revenue Service (“US Authorities”). Additionally FATCA may require the Bank to deduct, withhold and remit such taxes or monies to the US Authorities as may be directed by them from time to time.
- I/We hereby expressly consent and authorize the Bank to disclose, respond, advise, exchange and communicate the details or information pertaining to my/our account(s) to the US Authorities and to deduct, withhold and remit such monies or taxes as may be directed by the US Authorities to enable the Bank to fulfil its obligations under FATCA and other enabling US statutes.
- I/We hereby irrevocably release and fully discharge NCBA, its directors, officers, employees, servants and agents and related parties from any and all claims, liabilities, damages, loss or expense arising from NCBA disclosing and reporting any such information concerning the Customer account(s) to the US Authorities and/or deducting, withholding and remitting any monies to the US Authorities.

I / We the undersigned, confirm that I/We have read and understood this declaration and its implications.

Name __________________________ Signature __________________________ Date __________________________

Name __________________________ Signature __________________________ Date __________________________

Name __________________________ Signature __________________________ Date __________________________

FOR INTERNAL USE

Staff Name ______________________ Branch __________________ Signature __________________

Reviewed by ______________________ Date __________________ Signature __________________