C	DSC	CENTRA SETTLEI Investe	L DEPOSITORY & MENT CORPORATION d in Progress	N	Ę		<b>NCB</b>	A
Tel: 02	OOR, NATION CENTRE, 20-2912000; FAX 222940 E COMPLETED IN DUPLIC	5, www.cds	3464 00100, GPO NA ckenya.com	IROBI, KENYA,			[	
·	PORATE SECURITIES		T OPENING FORM		Yes	No	Colour photo	)
	or EXISTING CDS Accou	nt Number			joint holders details of			
					er form signed by all)	· 5········		
CDA Code		ount Numb	ber	Client type	Are You Tax Yes No	c Exempt?		
Names in Blo	ck Letters					h a certified on the certified of the certific		
Surname							ute)	
Other Names								
	iness Name (if client is a							
	ety or other organization)							
PIN No.	eg. No. (for company, busi	ness, etc)						
Address								
Postal Code								
Telephone Nu Fax Number	mber(s)							
Email Address								
Town								
Date of Birth/	ncorporation (as applicab	le)						
Country of Re	sidence							
Source of fund	ls							
Nationality Next of Kin:	Name		Phone Number	E-mail Ad	dress	Relations	hin	
1.	Nume					Relations		
2.								
Client Categor	y (Tick as Applicable)		ocal Individual (LI) preign Company (FC)	Local Comp E.A. investo	,	Foreign Inc E.A Compa		I
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Bank Details	<u>Bank</u>		Branch		Account No.			
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For CDA use	ount Holder's Authorized	Signatory/	seal for Companies)	Date:,	///			
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	s /Products o be subscribed to the foll s & Conditions at www.cds			rms of use, I/We c	onfirm to have	read and unc	derstood.	

SMS Services

Online Account Services

Email Account Services

### TO BE COMPLETED BY ACCOUNT SIGNATORY

Stake holder type: Shareholde	r Partner Sole proprietor	Director Other
Title: Mr. Mrs. Ms.	Other	
Name:		
No. of Shares:	Percentage of Shares:	Date of birth:
ID/Passport No.:	PIN No.:	Nationality:
Postal address:	Postal code:	Town/ City:
Country:	Physical (Residential) add	lress:
Tel Off.:	Tel Home:	
Mobile No	Email:	
Signature:		Please affix photo here
TO BE COMPLETED BY ACCOUNT	SIGNATORY	
TO BE COMPLETED BY ACCOUNT Stake holder type: Shareholde		Director Other
	Partner Sole proprietor	Director Other
Stake holder type: Shareholder	er Partner Sole proprietor	
Stake holder type: Shareholder Title: Mr. Mrs. Ms.	r Partner Sole proprietor	
Stake holder type: Shareholder Title: Mr. Mrs. Ms. Name:	r Partner Sole proprietor Other	
Stake holder type: Shareholder Title: Mr. Mrs. Ms. Name: No. of Shares: ID/Passport No.:	r Partner Sole proprietor Other Percentage of Shares: PIN No.:	Date of birth:
Stake holder type: Shareholde Title: Mr. Mrs. Ms. Name: No. of Shares: ID/Passport No.: Postal address:	r Partner Sole proprietor Other Percentage of Shares: PIN No.: Postal code:	Date of birth:Nationality:
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Stake holder type: Shareholder Title: Mr. Mrs. Ms. Name:	r Partner Sole proprietor Other Percentage of Shares: PIN No.: Postal code: Physical (Residential) addTel Home:	Date of birth: Nationality: Town/ City:
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Stake holder type: Shareholder Title: Mr. Mrs. Ms. Name:	r Partner Sole proprietor Other Percentage of Shares: PIN No.: Postal code: Physical (Residential) addTel Home:	Date of birth: Nationality: Town/ City: Iress:

# FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

1. Are you a U.S Resident?	Yes No 6. Do you have a U.	S. residential address?	Yes No
2. Are you a U.S Citizen?	Yes No 7. Do you have a co	7. Do you have a correspondence, C/O or Hold mail	
3. Are you holding a U.S Permanent Resident	address in the U.S	5?	Yes No
Card (Green Card)?	Yes No 8. Do you have a sta	anding order to a U.S.	
4. Were you born in the U.S?	Yes No Bank Account?		Yes No
5. Have you granted power of attorney or signatory authority to a person with a U.S. address?	9. Do you have a U. Yes No	S. telephone No.?	Yes No
ADDITIONAL INFORMATION			
Discretionary Customers Investment Objectives:	Non Discretionary Risk Tolerance:	Annual Average Net In	come:
Income%	Investment Grade	.% Below KES.480,000	
Growth (Long Term)%	Good Quality %	KES. 480,001 – 1,200,00	)0
Growth (Inter term)%	Speculative%	KES. 1,200,001- 3,600,0	00
Growth (Short Term)%	High risk%	Above KES. 3,600,000	
Total 100%	Total 100%		
INVESTMENT KNOWLEDGE	NVESTMENT EXPERIENCE		
Nil         Limited         Good Sophisticated	Nil Stocks Fixed i	ncome securities Other	
Specify	Specify		
Does anyone else have authority or financial Interest	in this account?		
Name:		Phone:	
TYPE OF CLIENT			
Walk In Personal Contact Referral			
Referees name:		Phone:	
CORPORATE'S PHYSICAL ADDRESS:			
Town:	Street:	Building Name:	
We request to be subscribed to the following services	s /products		
Premium Service Mobile Trading	Online Trading	Email Indemnity	

### **DECLARATION:**

I/We hereby:

- i) Request to open and maintain a Securities Account in my name/ change particulars in my Securities Account as indicated above (delete as appropriate).
- ii) Affirm that all information in this form is correct.
- iii) Undertake to notify my CDA any change of particulars or information provided by me in this form.
- iv) That the below will be used as specimen signatures
- I confirm that the information given is correct and true to the best of my knowledge. By signing this application form, I understand that I will be deemed to and I confirm that, prior to signing this application form, I have read, understood and accepted the General Terms and Conditions (GTC) that apply to the Investment products and services and I hereby agree to comply, observe and be bound by the GTC (as amended from time to time) and updated on its website www.ncbagroup.com

Operating Mandates:

Sole	Either/or	All to sign	Other (specify)
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### AUTHORIZED SIGNATURE(S)

Name:	Signature:	Date:
Name:	Signature:	Date:
	5	
Name:	Signature:	Date:
Name:	Signature:	Date:
	5	

Official Seal / Stamp

### FOR OFFICIAL USE ONLY

Received by:	
Staff name:	
Signature:	Date:
AML screened:	

#### FORM OF INDEMNITY IN CONNECTION TO FACSIMILE AND/OR EMAIL MESSAGES

		Dute.
To the Manager, NCBA Investment Bank		
Branch		
In reference to the below;		
Customer name:		
Client code:	CDS No.	
Email address:	Fax No	

Data

In consideration of your acting on my instructions issued by way of facsimile and/or email, I indemnify you against all claims, losses, costs that you may sustain, incur or be put to by reason of the said facsimiles and/or instructions. I irrevocably authorize you to make any payments and comply with any demands that may be claimed from or made upon you under the said facsimile and/or email instructions without any reference to or further authority from me.

I agree that any payment which you shall make in accordance or purporting to be in accordance with the facsimile and/or email instructions shall be binding upon me and shall be accepted by me as conclusive evidence that you were liable to make such payment or comply with such demand.

I agree that my liability under this indemnity shall be continuing liability notwithstanding any settlement of account or other matter whatsoever

Authorized Signature(s) as per NCBA Investment Bank mandates

Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:
Name:	Signature:	Date:

### FOR OFFICIAL USE ONLY

PREPARED BY	VERIFIED BY	AUTHORISED BY
Name:		
Signature:		
Date:		

Official Seal / Stamp

## NCBA INVESTMENT BANK LIMITED ONLINE SHARE TRADING AGREEMENT

#### **GOVERNING LAW**

This Agreement shall be governed by and shall be construed according to the Laws of Kenya.

The parties hereby irrevocably submit to the jurisdiction of the Courts of Kenya, but NCBA shall be at liberty to enforce anywhere a judgment in any jurisdiction where the Customer carries on business or has any asset.

#### **BANK DETAILS**

The following are the customer's bank details. NCBA Investment Bank will make payments to this account for all customer's requests initiated using online share trading and mobile platforms.

#### THE SCHEDULE

Part I

Part II

The Bank

The Customer (in case of limited companies, please execute according to the memorandum and articles of association)

Customer Name:

Customer Known Address:

Bank Name:\_\_\_\_\_

Bank Branch Name: \_\_\_\_\_

Account Name:

Account Number:

### ACCEPTANCE

I/we have read and fully understood the terms and conditions governing the use of NCBA Mobile &/or NCBA Online services offered by NCBA Investment Bank Limited and I/We hereby accept them and will abide by them. I/we further confirm that we have independently verified the terms and conditions noted above and where necessary we have consulted other persons independent from the Bank's officials.

(Name)

(Signature)

ID Number:

Affix company seal (if a company)

Incase of joint account order.

(Name)

(Signature)

ID Number:

Postal Address: Post Office Box 44599 – 00100 Nairobi Title of Contact: The Executive Director, Brokerage

### CHECKLIST

(Please tick requisite documents obtained and attached)

#### COMPANY

Certified copy of Certificate of Incorporation
Certified copy of Memorandum & Article of Association
Resolution of Board of Directors
Power of Attorney (Foreign Companies)
Certified copy of Certificate of Compliance (Foreign Companies)
Confirmation of Company details by the Company Secretary
Certified copy of PIN
Certified copy of VAT
Certified copies of ID & / or Passport and PIN for Directors and/ or Signatories
(1) Passport size photograph of Directors and/ or Signatories

#### **BUSINESS NAME**

Certified copy of Business Registration

Certificate Partnership Mandate or Deed

Certified copies of ID or Passport

Passport size photograph

Certified Copy of PIN Certificate for both Business name and Signatories

#### CLUBS/ SOCIETIES/ NGOS ASSOCIATIONS/ DIPLOMATIC MISSIONS

	Certified copy of Constitution/ Rules / By-laws
	Certified copy of Certificate of Registration or Exemption Certificate
	Certified copy of Board Resolution
	List of Registered Officials
	Certified copies of ID or Passport and PIN of Signatories
	Passport size photographs of Signatories
	PIN for the organization
	Authorization letter signed and stamped by Ambassador (for Embassies)
SOI	LE PROPRIETORSHIP
	Certified copy of Business Registration Certificate
	Certified copy of ID or Passport

Passport size photograph

Certified Copy of PIN Certificate

### **PUBLIC SECTOR**

Board Resolution Letter from the Ministry / Permanent Secretary Certified Copy of the Gazette notice / Act of Parliament Certified Copy of ID or Passport for each Signatory Passport size photograph for each Signatory Certified PIN certificate copy for each Signatory