

TO BE COMPLETED BY ACCOUNT SIGNATORY

Stake holder type: Shareholder 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) address: _____

Tel Off.: _____ Tel Home: _____

Mobile No. _____ Email: _____

Signature: _____



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FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

- 1. Are you a U.S Resident? Yes No
- 2. Are you a U.S Citizen? Yes No
- 3. Are you holding a U.S Permanent Resident Card (Green Card)? Yes No
- 4. Were you born in the U.S? Yes No
- 5. Have you granted power of attorney or signatory authority to a person with a U.S. address? Yes No
- 6. Do you have a U.S. residential address? Yes No
- 7. Do you have a correspondence, C/O or Hold mail address in the U.S? Yes No
- 8. Do you have a standing order to a U.S. Bank Account? Yes No
- 9. Do you have a U.S. telephone No.? Yes No

ADDITIONAL INFORMATION

<input type="checkbox"/> Discretionary Customers Investment Objectives:	<input type="checkbox"/> Non Discretionary Risk Tolerance:	<input type="checkbox"/> Annual Average Net Income:
<input type="checkbox"/> Income _____%	<input type="checkbox"/> Investment Grade _____%	<input type="checkbox"/> Below KES.480,000
<input type="checkbox"/> Growth (Long Term) _____%	<input type="checkbox"/> Good Quality _____%	<input type="checkbox"/> KES. 480,001 – 1,200,000
<input type="checkbox"/> Growth (Inter term) _____%	<input type="checkbox"/> Speculative _____%	<input type="checkbox"/> KES. 1,200,001- 3,600,000
<input type="checkbox"/> Growth (Short Term) _____%	<input type="checkbox"/> High risk _____%	<input type="checkbox"/> Above KES. 3,600,000
<input type="checkbox"/> Total 100 _____%	<input type="checkbox"/> Total 100% _____	

INVESTMENT KNOWLEDGE

Nil Limited Good Sophisticated

Specify _____

INVESTMENT EXPERIENCE

Nil Stocks Fixed income securities Other _____

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 /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
- v.) 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) _____

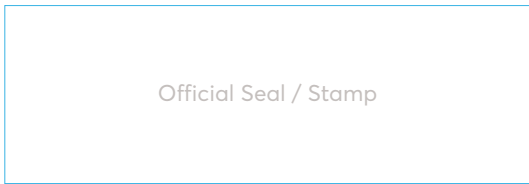
AUTHORIZED SIGNATURE(S)

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____

Name: _____ Signature: _____ Date: _____



FOR OFFICIAL USE ONLY

Received by:

Staff name: _____

Signature: _____ Date: _____

AML screened: _____

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

Date: _____

To the Manager,
NCBA Investment Bank

Branch _____

In reference to the below;

Customer name: _____

Client code: _____ CDS No. _____

Email address: _____ Fax No. _____

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.

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: _____

THE SCHEDULE

Part I

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

Customer Name: _____

Customer Known Address: _____

Part II

The Bank

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)

SOLE 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