

Code CDS1

Serial No.

10<sup>th</sup> FLOOR, NATION CENTRE, P.O. BOX 3464 00100, GPO NAIROBI, KENYA,  
 Tel: 020-2912000; FAX 2229405, www.cdsckeny.com

(TO BE COMPLETED IN DUPLICATE)

**CORPORATE SECURITIES ACCOUNT OPENING FORM**

NEW or EXISTING CDS Account Number

Joint Account

Yes No

(If more than 2 joint holders details of the other to be on another form signed by all)

Colour photo



CDA Code	Account Number	Client type	Are You Tax Exempt?
<input type="text"/>	<input type="text"/>	<input type="text"/>	Yes No
Names in Block Letters			(If yes, attach a certified a copy of Tax exemption certificate)

Surname				
Other Names				
Company/Business Name (if client is a company, society or other organization)				
ID/Passport/Reg. No. (for company, business, etc)				
PIN No.				
Address				
Postal Code				
Telephone Number(s)				
Fax Number				
Email Address				
Town				
Date of Birth/Incorporation (as applicable)				
Country of Residence				
Source of funds				
Nationality				
Next of Kin:	Name	Phone Number	E-mail Address	Relationship
1.				
2.				
Client Category (Tick as Applicable)				
	Local Individual (LI)	<input type="checkbox"/>	Local Company (LC)	<input type="checkbox"/>
	Foreign Company (FC)	<input type="checkbox"/>	E.A. investor (EI)	<input type="checkbox"/>
			Foreign Individual (FI)	<input type="checkbox"/>
			E.A. Company (EC)	<input type="checkbox"/>
Dividend Disposal preference <input type="checkbox"/> by bank, please give details below <input type="checkbox"/> By Cheque <input type="checkbox"/> Tick Where applicable				
Bank Details	<u>Bank</u>	<u>Branch</u>	<u>Account No.</u>	

**DECLARATION:**

I/We hereby:

(i) Request to open and maintain a Securities Account in my/our name/ Change particulars in my/our Securities Accounts 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/us in this form.

Name(s)

Signature(s)

1. ....

1. ....

2. ....

2. ....

3. ....

3. ....

4. ....

4. ....

(Securities Account Holder's Authorized Signatory/Seal for Companies)

Date: ...../...../...../.....

For CDA use only

Witnessed and Verified by: .....

Authorized by: .....

Name: .....

Name: .....

Designation: .....

Designation: .....

Date: .....

Date: .....

Company Stamp

**Other Services /Products**

I/We request to be subscribed to the following services/products whose terms of use, I/We confirm to have read and understood.  
 Find the Terms & Conditions at www.cdsckeny.com:

 SMS Services Online Account Services Email Account Services

**TO BE COMPLETED BY SHAREHOLDER/DIRECTOR/PARTNER**

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: \_\_\_\_\_

Listed company(ies) where client is an officer or director: \_\_\_\_\_

Listed company(ies) where client owns or controls 10% or more of shares: \_\_\_\_\_

Account Signatory (please check box below

Yes  No  Signature: \_\_\_\_\_



**TO BE COMPLETED BY SHAREHOLDER/DIRECTOR/PARTNER**

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: \_\_\_\_\_

Listed company(ies) where client is an officer or director: \_\_\_\_\_

Listed company(ies) where client owns or controls 10% or more of shares: \_\_\_\_\_

Account Signatory (please check box below

Yes  No  Signature: \_\_\_\_\_



**FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)**

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

**TO BE COMPLETED BY SHAREHOLDER/ DIRECTOR/ PARTNER**

<input type="checkbox"/> <b>Discretionary Customers Investment Objectives:</b>	<input type="checkbox"/> <b>Non Discretionary Risk Tolerance:</b>	<input type="checkbox"/> <b>Annual Average Net Income:</b>
<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](http://www.ncbagroup.com)

**NAMES OF AUTHORIZED SIGNATORIES (IF DIFFERENT FROM DIRECTORS/ PARTNERS/ OFFICIAL)**

Please affix photo here	Name: _____	Please affix photo here	Name: _____
	Designation: _____		Designation: _____
	ID/ Passport No: _____		ID/ Passport No: _____
	Mobile No: _____		Mobile No: _____
	Email: _____		Email: _____
	Signature: _____		Signature: _____

Operating Mandates:

Sole
  Either/or
  All to sign
  Other (specify) \_\_\_\_\_

**AUTHORIZED SIGNATURE(S)**

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Official Seal

**FOR OFFICIAL USE ONLY**

Received by: \_\_\_\_\_

Staff name: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: \_\_\_\_\_

Signature: \_\_\_\_\_

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: \_\_\_\_\_

**FOR OFFICIAL USE ONLY**

<b>PREPARED BY</b>	<b>VERIFIED BY</b>	<b>AUTHORISED BY</b>
Name:		
Signature:		
Date:		

