

10th FLOOR, NATION CENTRE, P.O. BOX 3464 00100, GPO NAIROBI, KENYA,
 Tel: 020-2912000; FAX 2229405, www.cdsckenya.com
 (TO BE COMPLETED IN DUPLICATE)

JOINT 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?

 Yes No

(If yes, attach a certified a copy of Tax exemption certificate)

Names in Block Letters

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 Individual (FI) <input type="checkbox"/>	
	Foreign Company (FC) <input type="checkbox"/>	E.A. investor (EI) <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	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 Holders 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.cdsckenya.com:

 SMS Services

 Online Account Services

 Email Account Services

APPLICANT 1

SOURCE OF INCOME

Salaried Self-employed Others (Specify) _____

Gross/Estimated Monthly Income: _____

Occupation/ Position/ Designation: _____ Employee department: _____

Name of employer/ Business: _____

If self-employed, state nature of business: _____

Employer's/ Business postal address: _____ Postal code: _____ Town/ City: _____

Employer's/ Business physical address: _____ Street: _____ Country: _____

Tel. number: _____ Employer's/ Business email address: _____

Are you expecting funds in foreign currency? Yes No If Yes state the currency _____

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 | | |

ADDITIONAL INFORMATION

Discretionary Customers Investment Objectives:

- Income _____%
- Growth (Long Term) _____%
- Growth (Inter term) _____%
- Growth (Short Term) _____%
- Total 100 _____%

Non Discretionary Risk Tolerance:

- Investment Grade _____%
- Good Quality _____%
- Speculative _____%
- High risk _____%
- Total 100% _____

Annual Average Net Income:

- Below KES. 480,000
- KES. 480,001 – 1,200,000
- KES. 1,200,001- 3,600,000
- Above KES. 3,600,000

Investment Knowledge:

- Nil Limited Good Sophisticated
- Specify

Investment Experience:

- Nil Limited Good Sophisticated
- Specify

Applicant's physical/ residential address:

Estate: _____ Street: _____ House No.: _____

I/We request to be subscribed to the following services/ products

- Premium Service Mobile Trading Online Trading Email Indemnity

We will send you monthly Account statements on email (eStatement) to the email address you have given us above.

APPLICANT 2

SOURCE OF INCOME

Salaried Self-employed Others (Specify) _____

Gross/Estimated Monthly Income: _____

Occupation/ Position/ Designation: _____ Employee department: _____

Name of employer/ Business: _____

If self-employed, state nature of business: _____

Employer's/ Business postal address: _____ Postal code: _____ Town/ City: _____

Employer's/ Business physical address: _____ Street: _____ Country: _____

Tel. number: _____ Employer's/ Business email address: _____

Are you expecting funds in foreign currency? Yes No If Yes state the currency _____

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

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|---|--|---|--|
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| 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 | | |

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- 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: _____

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

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

