



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

	(TO B	E CO	MPLETED I	N DU	PLICAT	E)	,								
No.	PERSONAL SECURITIES ACCOUNT OPENING FORM Joint Account Yes No										Colour photo				
2	NEW or EXISTING CDS Account Number (If more than 2 joint holders details of the of to be on another form signed by all)							of the oth	er						
CD	A Code				Accou	nt Num	ber			Client t	уре	Are You T	ax Exei	mpt?	
												Yes No (If yes, atta	ach a c	ortified	CODY
Nan	nes in Blo	ck Le	tters									of Tax exe			
Surn	ame														
Othe	r Names														
			Name (if c												
			r other orgo lo. (for com			ss otal									
PIN		eg. iv	io. (for com	pany,	busine	ss, etc)									
Addı															
Post	al Code														
	ohone Nu	mber	(s)												
	Number il Address														
Towr															
		Incor	poration (a:	s ann	licable)										
	ntry of Re		· · ·	- app											
	ce of fund														
Nati	onality														
Next	t of Kin:		Nam	е			Phone Number			E-mail Add		dress	R	elations	hip
	1. 2.														
Clien		rv (Ti	ck as Applic	able)		L	_ _ocal Ind	ividual (LI)		Local	Compo	ıny (LC)	Fo	reian Inc	lividual (FI)
		, , ,						Company (FC	:)		vestor			Compa	
Divid	lend Dispo	osal p	oreference		by b	ank, ple	ase give	details belov	w By Cheque Tick Where applicat					able	
Bank	Details			Banl	<u> </u>			<u>Branch</u>			<u>A</u>	ccount No.			
I/We (i) R e ind (ii) Af (iii) Ui Name	licated ab firm that ndertake e(s)	open ove (all in to no	delete as a formation i	pprop n this A any	oriate) form is change	correct e of part	iculars o	//our name/ r information		ided by r Signat	me/us ir ure(s)				es as
2										2			•••••		
3										3					
4										4					
(Secu	rities Acc	ount	Holders A	uthor	ized Si	gnatory	/Seal foi	r Companie	s)	Date:	/	//	′		
For	CDA use	only													
Witn	nessed an	d Vei	rified by:						Autho	rized by:					
Nam									Name	•					
Desi	gnation:								Desiar	nation:					
Date	_								Date:						
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Com	ipany Sta	mp													
Othe	er Service	s /Pro	oducts												

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

SOURCE OF INC	OME										
Salaried Self-employed Others (Specify)											
Gross/Estimated	Monthly Income	e:									
Occupation/ Pos	ition/ Designatio	ployee de	oartment: _								
Name of employe	er/ Business:										
If self-employed,	state nature of k	ousiness:									
Employer's/ Busir	ness postal addr	ess:		Pos	stal code:		Town/	/ City:			
Employer's/ Busir	ness physical add	dress:				Street:		Country:			
				siness email address:							
				res state	the curren	ісу					
1 Are you a U.S.F.		PLIANCE AC		s No 6	. Do vou h	nave a U.S	5. residentia	l address?	Yes No		
1. Are you a U.S Resident? Yes No 6. Do you have a U.S. residential address? 2. Are you a U.S Citizen? Yes No 7. Do you have a correspondence, C/O or Hold mail											
•		ent Resident				in the U.S			Yes No		
3. Are you holding a U.S Permanent Resident address in the U.S? Yes Card (Green Card)? Yes No 8. Do you have a standing order to a U.S.											
4. Were you borr	•		Yes	Yes No Bank Account?							
5. Have you gran	ited power of at	torney or sig	ınatory	9.	. Do you h	nave a U.S	No.?	Yes No			
authority to a	person with a U	.S. address?	Ye	s No							
ADDITIONAL IN											
Discretionary Investment C				n Discretio «Toleranc				Annual Average Net Income:			
Income				estment G		C	%	Below KES. 480,000			
	g Term)	%		od Quality			2%	KES. 480,001 – 1,200,000			
	term)			eculative _	,			KES. 1,200,001- 3,600,000			
	t Term)			gh risk				Above KES. 3,600,000			
	%		Tot	Total 100%							
INVESTMENT KN	OWLEDGE:		INV	ESTMENT	EXPERIE	NCE:					
Nil Limit	ed Good	Sophistic	ated	Nil Li	mited	Good	Sophistic	cated			
Specify				Specify							
Applicant's phys	ical/ residential	address:									
Estate:				Stre	eet:		House No.:				
I/We request to b	e subscribed to	the followin	g services/ p	roducts							
Premium Serv	vice Mobile	e Trading	Online Tro	nding	Email In	demnity					

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

DECLARATION:

AUTHORISED SIGNATORY

AML screened:

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

Name:	
Signature:	Date:
FOR OFFICIAL USE ONLY	
Received by:	
Staff name:	
Signature:	Date:

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 inscosts that you may sustain, incur or be puany payments and comply with any deminstructions without any reference to or full agree that any payment which you sho instructions shall be binding upon me and	t to by reason of the son ands that may be cland their authority from make in accordance	aid facsimiles and/o imed from or made e. e or purporting to b	r instructions. upon you ur e in accorda	. I irrevocably authorize you to make nder the said facsimile and/or email nce with the facsimile and/or email
or comply with such demand. I agree that my liability under this indem whatsoever Authorized Signature(s) as per NCBA Inve			nding any se	ttlement of account or other matter
Name:		_ Signature:		Date:
Name:		Signature:		Date:
Name:		_ Signature:		Date:
FOR OFFICIAL USE ONLY	VEDICIED BY			AUTHORISED BY
PREPARED BY	VERIFIED BY			AUTHORISED BY
Name:				
Signature:				
Date:				
			,	
	Of	ficial stamp		

NCBA INVESTMENT BANK LIMITED ONLINE SHARE TRADING AGREEMENT

THE SCHEDULE **GOVERNING LAW** This Agreement shall be governed by and shall be Part I construed according to the Laws of Kenya. The Customer (in case of limited companies, please execute The parties hereby irrevocably submit to the jurisdiction according to the memorandum and articles of association) 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. Customer Name: **BANK DETAILS** The following are the customer's bank details. NCBA Investment Bank will make payments to this account Customer Known Address: for all customer's requests initiated using online share trading and mobile platforms. Bank Name: Part II Bank Branch Name: _____ The Bank Account Name:____ Postal Address: Post Office Box 44599 - 00100 Nairobi Title of Account Number:____ Contact: The Executive Director, Brokerage **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: