

INVESTMENT TOP UP/ ROLL OVER FORM

Date: (dd/mm/yyyy)

ALL APPLICANT(S)

Account name:	nt name: First name		e Surr	Surname		
Portfolio code:		ID/ Passport nur	nber:			
Signature:						
JOINT APPLICANT(S)						
Names	ID/Pass	port number	Signatures	Date		
				(dd/mm/yyyy)		
				(dd/mm/yyyy)		
				(dd/mm/yyyy)		
CORPORATE APPLICAN	TS (to be filled out by compa	nies, NGO's, associations/	societies, patnerships and t	rust funds)		
Authorised signatories	ID/Pass	port number	Signatures	Date (dd/mm/yyyy)		

BUYING INSTRUCTIONS (min. additional amount is KES 5,000 for NCBA Fixed Income Fund, Equity Fund and USD 100 for Dollar Fixed Income Fund)

Name of Fund	Account Details	Indicate Investment Amount
NCBA Fixed Income Fund	Bank: NCBA Account No. 5100555001	
NCBA Dollar Fixed Income Fund	Bank: NCBA Account No. 7271190063	
NCBA Equity Fund	Bank: NCBA Account No. 5105555018	
NCBA Fixed Income Basket Note - KES	Bank: NCBA Account No. 7271191046	
NCBA Fixed Income Basket Note - USD	Bank: NCBA Account No. 7271191051	
Treasury Bill/ Bond	Bank: NCBA Account No. 7271190833	
Euro Bonds	Bank: NCBA Account No. 7271190807	
Others - KES	Bank: NCBA Account No. 7271190833	
Others - USD	Bank: NCBA Account No. 7271190807	

For Internal Transfer Only: Kindly debit my/ our NCBA account number

with KES/ USD

NCBA BASKET NOTE FUND ROLL OVER INSTRUCTIONS

I/ we request NCBA Investment Bank to rollover my/ our Investment as per the below details

Amount (KES/ USD)			Rate of Return (%)					
In	vestment tenor							
	3 months		6 months		12 months		24 months	Others

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EXECUTION MANDATE - TREASURY BILL/ BOND/ EUROBOND ROLL OVER INSTRUCTIONS

I/we request NCBA Investment Bank to bid for investiment securities per below details									
Treasury Bill Treasu			ury Bond		EuroBond Others		ers	S	
Tenor:	Tenor: 91-day T-Bill 182-day T-Bill				364-day T-bill		Treas	ury Bond/ Eurobond	
Face Value (KES/ USD) Settlement Amount (KES/ USD) Rate of Return (%)									
Source of Funds Sale of Asset Investments Gifts/Inheritance Pension Donation Business Profits (nature of business) Others (specify)									
	INFORMATION ill be allocated on t SE ONLY	he follo	wing working day,	, foll	owing the date of 1	receip	ot of fui	nds.	

Staff Name:	Branch:	Signature:
Reviewed by:	Signature:	