

Date:

SELECT ONE: Individual Joint Corporate

INVESTOR DETAILS	Signatory one	Signatory two	Signatory three
Surname			
Other names			
Date of Birth			
ID/ Passport No.			
Nationality			
Country of Residence			
TIN No. (Optional)			
Mobile No.			
Email Address			
P.O.Box			
Employment Status	<input type="radio"/> Employed <input type="radio"/> Self employed <input type="radio"/> Unemployed <input type="radio"/> Retired	<input type="radio"/> Employed <input type="radio"/> Self employed <input type="radio"/> Unemployed <input type="radio"/> Retired	<input type="radio"/> Employed <input type="radio"/> Self employed <input type="radio"/> Unemployed <input type="radio"/> Retired
Employer's name			
Occupation			
Industry			
Position (ForCorporate)			

For INDIVIDUALS, only fill under SIGNATORY ONE.

Authorised signatories to sign mandate



All to sign



Either to sign



Either two to sign

Residential Address Enquiry (FOR INDIVIDUALS/ JOINT ONLY)

Signatory one

Signatory two

Signatory three

House No. & Estate

Road

City/ Town

For INDIVIDUALS, only fill under SIGNATORY ONE.

Source Of Funds

The funds for these investments are from (please tick)*



Sale of an investment profile



Disposal of property



Others (Please specify)

Customer's Bank Details

Bank Name

Bank Branch

A/C Number

Authorised signatures in accordance to
 mandate provided

Signatory one

Signatory two

Signatory three

Available Investments

- Money Market Fund
- Dollar Trust Fund

Fund Selection

Investment Name



Bank Account

Bank Name & Branch

Amount

Money Market Fund

Dollar Trust Fund

Company Details (FOR CORPORATE ONLY)

Company/ Organization Name: [REDACTED]

Reg No. [REDACTED]

TIN NO. [REDACTED]

Date of Inc.: [REDACTED]

Country of Registration: [REDACTED]

Nature of Business: [REDACTED]

Email Address: [REDACTED]

P.O.Box: [REDACTED]

Industry: [REDACTED]

Building& flr: [REDACTED]

City/ Town: [REDACTED]

Road: [REDACTED]

Contact Person: [REDACTED]

Mobile No. : [REDACTED]

We write to confirm that the above is a description of our current business address.

Beneficiaries

(Individual & Joint Accounts only)

Beneficiary one

Beneficiary two

Beneficiary three

Name			
Date of Birth			
ID Number			
Mobile No.			
Percentage Share(%)			
Relationship			
Email Address			
Guardian <i>(Only if beneficiary is a minor i.e below 18 years old)</i>	Name: [REDACTED] ID/Passport No. [REDACTED] Date of Birth: [REDACTED] Mobile No. [REDACTED] Relationship to minor: [REDACTED]	Name: [REDACTED] ID/Passport No. [REDACTED] Date of Birth: [REDACTED] Mobile No. [REDACTED] Relationship to minor: [REDACTED]	Name: [REDACTED] ID/Passport No. [REDACTED] Date of Birth: [REDACTED] Mobile No. [REDACTED] Relationship to minor: [REDACTED]

Emergency Contact / Next Of Kin

(For Individual/ Joint Accounts)

Name: [REDACTED]

Phone No.: [REDACTED]

Relationship: [REDACTED]

Note This is only an emergency contact and NOT a beneficiary.**

Documents (Know Your Client) Required

Individuals/ Joint Investors.

- Copy of colored identification document(National ID or Passport)
- One color passport-sized photo
- Copy of a recent bank statement (not more than 3 months old) or cancelled cheque.
- Proof of residence(copy of utility bill or LC letter or Residence verification letter) ONLY if you haven't provided national ID

Corporates/ NGOs/ SACCOs/Investment Clubs.

- Copy of certification of Incorporation or constitution(the constitution should have a list of all members)
- Copies of signatories identification documents (national ID or passport) front and back view of national ID
- One color passport-sized photo for each of the signatories
- Copy of a recent bank statement (not more than 3 months old) or cancelled cheque.
- Resolution to carry out the investment

Risk Assessment

Please circle

• What is your age bracket ?

(a) 18 to 30 years (b) 31 to 45 years (c) over 45 years

• How familiar are you with the investment markets and the concept of Risk Vs. Return?

(a) No knowledge at all (b) Reasonable knowledge (c) Knowledgeable

• What attracts me to an investment?

(a) Its good return, regardless of the risk (b) A combination of security and Income (c) Purely security

• Do you have savings set aside to provide for an unexpected emergency?

(a) None (b) Some (c) Adequate

• When do you expect to need most of your money from this investment?

(a) Less than one year (b) 2 to 5 years (c) Above 6 years

• What are your monthly sources of income? (Please circle where applicable)?

(a) Salary plus Business income (b) Business Income only (c) Professional fees and commission/ Business

• If you took a loss of 25% or more from your investment, how would you handle it?

(a) It would not bother me, I would give it whatever time frame it requires to grow and probably invest more
 (b) I would be slightly concerned, but it will be fine
 (c) I can't imagine it. It would give me sleepless nights and I am likely to sale and invest else where

According to your answers your risk profile appears to be falling in one of the following categories:

1. Low risk

- Focus on secure income stream
- Expect minimal growth on the capital invested
- Short to medium term preservation of capital

2. Medium risk

- Stable income stream
- Expect modest growth on capital invested
- Medium to long-term capital security
- Expect some protection against inflation

3. High risk

- Moderate income stream
- Expect potentially high growth on the capital invested
- Moderate level of capital volatility
- Long run return likely to be greater than inflation

I can confirm that any information I have given has been properly recorded and that the information I have provided will be used by my financial advisor to enable him/her to recommend financial products that meet my personal profile. Therefore any information not disclosed may result in an inaccurate assessment and recommendation(s).

I confirm that I have read and filled in this form and that I understand my risk level.

Name:

Signature:

Declarations

Signatures

I/WE THE UNDERSIGNED CONFIRM THAT WE HAVE READ AND UNDERSTOOD THIS DECLARATION AND ITS IMPLICATIONS.

	Name	Signature	Date
Signatory one			
Signatory two			
Signatory three			

For individuals, ONLY fill under SIGNATORY one .

For Official Use Only

I hereby confirm that all the required 'Know Your Customer' (KYC) documents (where applicable) have been attached.

Financial Advisor Name :

Signature : Date :

For Internal Use Only

Staff Name: Signature : Date :

Reviewed by: Signature : Date :