

Date:          
D D M M Y Y Y Y

SELECT ONE : ☐ Individual ☐ Joint ☐ Corporate

	SIGNATORY 1	SIGNATORY 2	SIGNATORY 3
<b>Surname</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Other Names</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Date of Birth</b>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
<b>Passport No.*</b> (For Foreigners)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>National ID No.*</b> (For Nationals)	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Nationality*</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Country of Residence</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Email*</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>P.O Box</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Employment Status*</b>	<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
<b>Employers Details</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Occupation</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Industry</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>TIN *</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Phone Number*</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>House No. &amp; Estate</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>Road</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<b>City / Town</b>	<input type="text"/>	<input type="text"/>	<input type="text"/>

For INDIVIDUALS, only fill under SIGNITORY ONE

Authorized signatories to sign Mandate ☐ All to sign ☐ Either to sign ☐ Either two to sign

PLOT 16A NTINDA II ROAD, NAGURU  
KAMPALA UGANDA  
P.O BOX 160498 TEL +256 783 552 554

**EMERGENCY CONTACT / NEXT OF KIN**  
(For Individual / Joint accounts)

Name  Mobile No.

Relationship

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

**SOURCE OF FUNDS**

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

- ☐ Sale of an investment profile
 ☐ Gift / Inheritance
 ☐ Employment  
☐ Disposal of property
 ☐ Business  
☐ Others (Please specify)

**CUSTOMER'S BANK DETAILS**

Bank Name  Bank Branch

A/C Name  A/C Number

Authorised signatories in accordance to Mandate provided

Signatory 1 Signatory 2 Signatory 3

**OUR BANK DETAILS**

Investment Name	✓	Bank Account	Bank Name & Branch	Amount
CORNERSTONE CASH MGT & PVT WEALTH	<input type="radio"/>	2327375940 USD	KCB Bank Uganda LTD, Main Branch	<input type="text"/>
CORNERSTONE CASH MGT & PVT WEALTH	<input type="radio"/>	2327375797 UGX	KCB Bank Uganda LTD, Main Branch	<input type="text"/>

Agreed upon hurdle rate  Profit split (over and above the hurdle rate)

**COMPANY DETAILS**  
(For Corporate)

Company or Organization Name					
Reg No.		TIL No.		Date of Inc.	
Country of Registration		Nature of Business			
Email Address			P.O Box		
Industry			Building & Floor		
City/ Town			Road		
Contact Person				Mobile	

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

**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 ASSESMENT**  
(Please circle)

**1. What is your age bracket ?**

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

**2. 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

**3. What attracts me to an investment?**

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

**4. Do you have savings set aside to provide for an unexpected emergency?**

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

**5. 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

**6. 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  
(d) Retirement income

**7. 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:**

**Low Risk**

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

**Medium Risk**

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

**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

**Getting to know you more**

*Your Investment Advisor would like to know more about you and your financial needs. Please answer the following questions to assist your advisor to better meet your goals:*

**What are your investment / financial objectives ?**

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**Do you have any children or dependents? (Please respond with either Yes or No and if “Yes”, how many?)**

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**How long is your investment Horizon? (You could respond with either short term/medium term /long term and if possible state a figure)**

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**What is your networth? i.e Your total assets less your liabilities (*Optional*)**

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**Do you have any specific financial needs or concerns? (e.g special instructions, specific investments to exclude e.t.c)**

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**How would you like to be communicated to?**

- ☐ E-mail      ☐ Mobile      ☐ Physical meeting

**DECLARATIONS**

I/We declare that the information provided in this application is correct to the best of my knowledge.

I/We have understood the investment objective and strategy of the fund selected.

I/We shall review all the statements sent by the fund manager and shall notify the fund manager of discrepancies if any.

I/We confirm that the investment is not being acquired either directly or indirectly by or on behalf of any person restricted by law of any relevant jurisdiction from acquiring the units.

Cornerstone Asset Managers Ltd, the Fund Manager reserves the right to seek evidence of identity to comply with applicable money laundering regulations. In such cases of delay or failure to provide satisfactory information, Cornerstone Asset Managers Ltd may take such action as they see fit.

In consideration of you acting on my instructions issued by way of facsimile and/or email, I/We indemnify you against all claims, losses, costs that you may sustain, incur or be put to.

I/We irrevocably authorise you to carry out such instructions issued by way of facsimile and/or email without reference to or further authority from me/us.

Repayments of repurchases will only be made into the bank account as detailed in the "Bank Account Details (Investor)" and only as instructed by the duly authorised signatory (ies). Under no circumstances will any repayments of repurchases be paid into a third party account or account.

I/We hereby confirm that the money used for these investments do not arise from the proceeds of crime and/or other illicit activities.

I/We understand that Cornerstone Asset Managers Ltd may be required by law to disclose the nature of certain financial transactions. In such instances, I/We will cooperate and provide any such additional information required by law and shall not hold Cornerstone Asset Managers Ltd liable if any legal action is taken against me/us with regard to the financial transaction.

Cornerstone Asset Managers Ltd is dedicated to protecting the confidentiality and privacy of information entrusted to us as per the legal and regulatory requirements.

**SIGNATURES**

	Name	Signature	Date
Signatory 1			
Signatory 2			
Signatory 3			

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**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 OFFICIAL USE ONLY**

**Signature**

**Date**

**Staff Name**

**Reviewd by**