

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. <i>(Optional)</i>			
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 <i>(ForCorporate)</i>			

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 ☐ Gift/Inheritance ☐ Employment ☐ Business
- ☐ Disposal of property
- ☐ Others (Please specify)

## Customer's Bank Details

Bank Name	<input type="text"/>	Bank Branch	<input type="text"/>
A/C Name	<input type="text"/>	A/C Number	<input type="text"/>
Authorised signatures in accordance to mandate provided	<input type="text"/>	<input type="text"/>	<input type="text"/>
	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:

Reg No.  TIN NO.  Date of Inc.:

Country of Registration:  Nature of Business:

Email Address:  P.O.Box:

Industry:  Building& flr:

City/ Town:  Road:

Contact Person:  Mobile No. :

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

## Emergency Contact / Next Of Kin

(For Individual/ Joint Accounts)

Name:  Phone No.:

Relationship:

**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 : .....