

Colour photo

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

(TO BE COMPLETED IN DUPLICATE) SECURITIES ACCOUNT OPENING/MAINTENANCE FORM

Joint Account Yes No.

(If more than 2 joint holders details of the other to be on another form signed

NEW or EXISTING CDS Account Number																the other to be on another form signed by all)									
CDA Code Account Numb								er					,	(Clier	t type	е	1		Are ۱	ou Ta	<u>x E</u> >	empt?		
																						Υe	s No.		
Names in Block Letters												_					•	(If yes		a certified	a co	oy of Tax			
Surname																			Τ						
Other Names																			T						
Company/Business Name (if client is a																			T						
company, society or other organization)																			+						
ID/Passport/Reg. No. (for company, business, etc) PIN No.																			$^{+}$						
Address																			T						
Postal Code																			T						
Telephone Nui	mbei	r(s)																							
Fax Number																									
Email Address																									
Town																									
Date of Birth/Ind	corpo	orati	ion (a	ıs ap	plica	ble)																		
Country of Res	sider	nce																							
Source of fund	ds																		\perp						
Nationality										_		N	Lucia	L					:1 ^	-l -l				1 - 4:	
Next of Kin:			IN	ame	•					P	nor	ne i	lum	ber	\dashv			E-ma	II A	ddress	3		Re	ıatı	onship
1.															+								-		
Client Categor	rv (Ti	ick	as Aı	pplic	able	.)				Loc	al I	ndiv	/idua	al (I	 _DL	oca	l Co	mpan	ıv (I	C) F	orei	an Inc	<u>l</u> dividua	l (F	T)
	, (,		,								•	,					,		_	ıny (EC	•	-/
Dividend Dispo	osal _l	pre	feren	се		() by	banl	k, ple	ase (give	e de	tails	be	low		() By	Che	eque	7	Γick V	Vhere a	app	licable
Bank Details							Ba	<u>nk</u>					Bra	nch						Accou	ınt N	lo.			
DECLARATIO	N:																								
I/We hereby:						_						,									,	_			
(i) Request to or indicated ab								es A	ccou	int in	my	//ou	ır na	me	/ Ch	ange	e pa	rticula	ars	in my,	our/	Secu	rities <i>F</i>	4CC(ounts as
(ii) Affirm that								s cor	rect.																
(iii) Undertake											s o	r in	form	natio	on pi	ovi	ded l	by me	e/us	s in th	is fo	rm.			
Name(s)																Si	ignatu	re(s)						
1									1																
2							2																		
3							3																		
4								4																	
(Securities Account Holder's Authorized Signatory/Seal f							or (Con	npar	nies)		Da	ate:		/.			//.						
For CDA use of	only																								
Witnessed and	d Vei	rifie	ed by	:											Aut	hori	zed	by:							
Name:											Name:														
Designation:											Designation:														

Other Services / Products

Date:

Company Stamp

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	
--------------	--

ı		
	A cccumt	Comissos
i Online	Account	Services

Date:

Fmail	Account	Sarvicas
ı ciilali	ACCOUNT	Services