

<b>CDS 1A</b>	
Code	Serial No.



Colour photo

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

**(TO BE COMPLETED IN DUPLICATE)**

**DORMANT ACCOUNT ACTIVATION FORM**

EXISTING CDS Account Number

CDA Code	Account Number	Client type	
<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>	<input style="width: 100%;" type="text"/>

**Joint Account**

Yes	No.
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(If more than 2 joint holders details of the other to be on another form signed by all)

Names in Block Letters

Surname		
Other Names		
Company/Business Name (if client is a company, society or other organization)		
ID/Passport/Reg. No. (for company, business, etc)		
PIN No.		
Telephone Number(s)		
Email Address		

**DECLARATION:**

I/We hereby:

- (i) Request to activate my/our securities account
- (ii) Affirm that all information in this form is correct.
- (iii) Undertake to notify my CDA any change of particulars or information provided by me/us in this form.

Name(s)	Signature(s)
1. ....	1. ....
2. ....	2. ....
3. ....	3. ....
4. ....	4. ....
(Securities Account Holder's Authorized Signatory/Seal for Companies)	Date: ...../...../...../.....

**For CDA use only**

*We hereby irrevocably guarantee that we shall make good any claim arising from the said changes and hereby indemnify in full and hold CDSC Limited, its directors, employees and officers harmless against all claims, consequences, liabilities and damages of any kind and costs whatsoever directly arising from or relating to the account activation.*

Witnessed and Verified by: .....	Authorized by: .....
Name: .....	Name: .....
Designation: .....	Designation: .....
Date: .....	Date: .....
Signature: .....	Signature: .....

Company Stamp