

I / we wish to open/amend a CDS account and undertake to comply, observe and be bound by the Terms and Conditions in force and as amended from time to time pertaining to such accounts. I/We confirm that the information given herein is true and complete.

Account type: Personal Joint Foreign Individual Business/SHG/NGO/Society

1st Applicant Mr./Mrs./ Ms./Dr. /Prof./ Hon. (select)

First Name		Middle Name(s)		Surname									
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		D	D	M	M	Y	Y	Y	Y	Civil/Marital status		
ID/ Passport Number	Passport Expiry Date		D	D	M	M	Y	Y	Y	Y	Visa Expiry Date		
Email address:		Work Permit Expiry		D	D	M	M	Y	Y	Y	Y	Occupation/ Nature of Business	
My phone number		My Other Phone number		My Office Phone Number									
Physical address:		Other Nationality		Country of residence									
Nationality		County of residence		KRA PIN									
State of residence		TAX identification number		Source of Funds									
TAX Country		Employee Department/Unit		Job Title									
Name of Employer		Employer Phone Number		Employer Address									
Employment terms: <input type="checkbox"/> Contract <input type="checkbox"/> Permanent		Relationship											
Next of Kin's Name		Next of Kin's ID No		Next of Kin's Phone No									

Specimen Signature
(sign at the center of the box)



Affix passport size
photo
or indicate photo number

2nd Applicant Mr./Mrs./ Ms./Dr. /Prof./ Hon. (select)

First Name		Middle Name(s)		Surname									
Gender <input type="checkbox"/> Male <input type="checkbox"/> Female	Date of Birth		D	D	M	M	Y	Y	Y	Y	Civil/Marital status		
ID/Passport Number	Passport Expiry Date		D	D	M	M	Y	Y	Y	Y	Visa Expiry Date		
Email address:		Work Permit Expiry		D	D	M	M	Y	Y	Y	Y	Occupation/ Nature of Business	
My phone number		My Other Phone number		My Office Phone Number									
Physical address:		Other Nationality		Country of residence									
Nationality		County of residence		KRA PIN									
State of residence		TAX identification number		Source of Funds									
TAX Country		Employee Department/Unit		Job Title									
Name of Employer		Employer Phone Number		Employer Address									
Employment terms: <input type="checkbox"/> Contract <input type="checkbox"/> Permanent		Relationship											
Next of Kin's Name		Next of Kin's ID No		Next of Kin's Phone No									

Specimen Signature
(sign at the center of the box)



Affix passport size
photo
or indicate photo number

Signing Instruction (Tick Appropriately) Sole Either to Sign All to Sign Other

Business/SHG/NGO/Society account details

Organisation name:				
Postal Address		Postal code	Town	
Telephone (office)		Email Address		
Registration number		Date of incorporation/registration		
Nature of business				
Physical Address: Building,		Street/road,	Floor,	Town
Country of business registration		Country(ies) of operation:		
KRA PIN				
Associated company (ies)/Contact Person Name		Associated company (ies)/Contact Person address	Associated company (ies)/Contact Person mobile number	
Main source of funds		Other source(s) of funds		
Monthly turnover <input type="checkbox"/> 1-100,000 <input type="checkbox"/> 101,000-500,000 <input type="checkbox"/> 500,001-1,000,000 <input type="checkbox"/> 1,000,000-5,000,000 <input type="checkbox"/> Over 5,000,000				

Bank Account Details (Attach a copy of Bank card/Bank Statement/ Cancelled cheque)

I/We would like to receive my/our shares proceeds through the following bank account:

Bank	Branch	Account name	Account number	Sort Code/Routing/ SWIFT/IBAN	SWIFT code

Please indicate main the source(s) of funds:

Business income Salary Savings Gift/Prize Pension Sale of investments/property

Other (Specify)

Please indicate other the source(s) of funds:

Monthly Income range (Kes equivalent): 1- 50,000 50,001-100,000 100,001-500,000 500,001 – 1,000,000 Over 1 million

EMAIL INSTRUCTIONS

I/we agree to be bound by terms and conditions pertaining to email and online services,

(Tick Appropriately): Yes: No: Email Address _____

Declaration

I/We agree that this account shall be operated solely at the discretion of Kingdom securities Limited having read and understood the General Terms and Conditions available on our website www.kingdomsecurities.co.ke. I/We also confirm and accept that the Terms and Conditions may be amended and any such amended Terms and Conditions are available on our website www.kingdomsecurities.co.ke. I/We authorize the bank to use my/our contact details to send information about products and services including but not limited to offers and promotions.

Signed: 1st Applicant

Name: _____

Date: _____

Signed: 2nd Applicant

Name: _____

Date: _____

For Official use only:

Witnessed & Verified By:

Name _____ Sign&Stamp _____

Authorized/Checked by:

Name _____ Sign&Stamp _____