

Requirement checklist

Please see below the list of required documentation to amend/update your account per client category. Kindly submit them along with this duly filled form				Client	Branch officer	KSL officer		
Self Help Groups	1. Two recent coloured Passport size photograph of each Signatory							
	2. Certified copies of a valid Kenyan ID/Kenyan passport (Personal Detail/ Bio data page and Renewal page i.e. last three pages) of each signatory (verifiable on IPRS)							
	3. Introduction letter from relevant registration authority indicating name and ID numbers of signatories not more than a year old							
	4. A list of members of the group with ID numbers duly signed by members and stamped by the relevant registration office.							
	5. Copy of Group constitution, certified by the relevant registration office							
	6. Copy of registration certificate, certified by the relevant registration office							
	7. Minutes to resolving opening of a CDS account with Kingdom Securities Ltd							
	8. Certified copy of bank statement/ cheque leaf /bank card (front side only)							
	9. All documents must bear the stamp/seal of the group							
Business accounts, Clubs, Society, Association, Mission, NGO, Trade Union	1. Two recent coloured Passport size photograph of each Signatory							
	2. Certified copies of a valid Kenyan ID/Kenyan passport (Personal Detail/ Bio data page and Renewal page i.e. last three pages) of each director/officials and signatory where they are not directors (verifiable on IPRS)							
	3. Where the signatories are not the directors/officials of the entity, a resolution or letter from the officials authorizing the current signatories to operate the account on behalf of the entity							
	4. Certified copy of registration certificate							
	5. KRA PIN Certificate for the institution and for each official/ signatory/ director							
	6. Copy of CR 12 (from e-citizen) or Memorandum and Article of Association/ Entity's constitution							
	7. A directors Resolution to open the CDS account with Kingdom Securities Limited on letter head, specifying the signing mandates with which the account will be operated and naming the signatories to the account OR Minutes to resolve opening of a CDS ac with Kingdom Securities Ltd							
	8. Certified copy of bank statement/ cheque leaf /bank card (front side only)							
	9. Introduction letter from relevant authority e.g. Ministry of Education, Social Services, Church HQ, Central Organization of Trade Unions, NGO Registration Board, issued within the same year							
	10. Certificate of Incorporation or certificates of approved enterprise for foreign limited liabilities							
	11. All documents must bear the seal/stamp of the institution							
	12. SEARCH FEE of Ksh. 500 deposited to ac 01240000020568 -COMPANY SECRETARY and receipt attached to application For limited companies and registered businesses (business name)							
Client	Signature:		Branch officer	Signature:		KSL officer	Signature	
	Date			Date and Stamp			Date and Stamp	
For Official use:								

CLIENT CODE		CDS/DERIVATIVES ACCOUNT NUMBER	
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I / we wish to amend my/our CDS / Derivatives 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.

We wish to update:

1. _____ 2. _____ 3. _____ 4. _____

I/We confirm that the information given herein is true and complete

Organization Details

Organization name:		
Registration number:	Date of incorporation/registration:	
Nature of business:		
Physical Address: Building,	Street/road,	Floor, Town
Postal Address	Postal code:	Town:
Telephone (office)	Email Address:	
Country of business registration:	Country(ies) of operation:	
KRA PIN		
Main source of funds:	Other source(s) of funds:	
Monthly turnover	<input type="checkbox"/> 1-100,000 <input type="checkbox"/> 100,001-500,000 <input type="checkbox"/> 500,001-1,000,000 <input type="checkbox"/> 1,000,001-5,000,000 <input type="checkbox"/> Over 5,000,000	
Associated company (ies) 1. _____ 2. _____		
Associated company (ies)/Contact Person Name	Associated company (ies)/Contact Person address	Associated company (ies)/Contact Person mobile number

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

1st Signatory (select) Mr./Mrs./ Ms./Dr./Prof./ Dir./Hon./Pst/Rev/Other _____

Affix passport size photo or indicate photo number	First Name:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Middle Name(s):	ID/ Passport Number
	Surname:	Nationality
	Designation	Other Nationality
	Date of Birth	Civil/Marital status
	Passport Expiry Date	Visa Expiry Date
	Work Permit Expiry	Occupation/ Nature of Business
	My Phone number:	My Other phone number:
	My Office Phone Number:	KRA PIN/Tax ID no.
	Email address:	
Specimen Signature (sign at the center of the box)	Physical address:	Estate, Hse no, Floor, Street/road,
	Postal Address	
	County/State of residence:	Country of residence:
	Name of Employer	Job Title:
	TAX Country	Source of Funds:

1st Signatory

Affix passport size photo or indicate photo number	First Name:	Gender <input type="checkbox"/> Male <input type="checkbox"/> Female
	Middle Name(s):	ID/ Passport Number
	Surname:	Nationality
	Designation	Other Nationality
	Date of Birth	Civil/Marital status
	Passport Expiry Date	Visa Expiry Date
	Work Permit Expiry	Occupation/ Nature of Business
	My Phone number:	My Other phone number:
	My Office Phone Number:	KRA PIN/Tax ID no.
	Email address:	
Specimen Signature (sign at the center of the box)	Physical address:	Estate, Hse no, Floor, Street/road,
	Postal Address	
	County/State of residence:	Country of residence:
	Name of Employer	Job Title:
	TAX Country	Source of Funds:

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) QUESTIONNAIRE

1 st Applicant		Tick		2 nd Applicant		Tick	
1	Are you a U.S Resident?	Y	N	1	Are you a U.S Resident?	Y	N
2	Are you a U.S Citizen?	Y	N	2	Are you a U.S Citizen?	Y	N
3	Are you holding a U.S Permanent Resident Card (Green Card)?	Y	N	3	Are you holding a U.S Permanent Resident Card (Green Card)?	Y	N
4	Were you born in the U.S?	Y	N	4	Were you born in the U.S?	Y	N
5	Have you granted power of attorney or signatory authority to a person with a U.S. address?	Y	N	5	Have you granted power of attorney or signatory authority to a person with a U.S. address?	Y	N
6	Do you have a U.S. residential address?	Y	N	6	Do you have a U.S. residential address?	Y	N
7	Do you have a correspondence, C/O or Hold mail address in the U.S?	Y	N	7	Do you have a correspondence, C/O or Hold mail address in the U.S?	Y	N
8	Do you have a standing order to a U.S. Bank Account?	Y	N	8	Do you have a standing order to a U.S. Bank Account?	Y	N
9	Do you have a U.S. telephone No.?	Y	N	9	Do you have a U.S. telephone No.?	Y	N

If you answered Yes to any of the above questions, you will be required to additionally submit a **W-9 form** in line with FATCA regulations

Research and advisory (Tick Appropriately)

I/we would wish to subscribe for Kingdom Securities research reports, stock meter, corporate actions, e.t.c Yes No
 I fully understand that opinions and material on the report are for information purposes only

Signing Instruction (Tick Appropriately)

Sole Either to Sign All to Sign Other(specify) _____

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 the Kingdom Securities Limited and agree to hereby indemnify the Kingdom Securities Limited at my/our cost against any loss or claims arising out of the account(s) being closed by the Kingdom Securities Limited without notice due to unsatisfactory performance.
 I/We agree to comply, observe and be bound by Kingdom Securities Limited General Terms and Conditions and Tariffs available on www.kingdomsecurities.co.ke, or such other websites as the Kingdom Securities Limited may designate as its official website from time to time on this day _____ month _____ year

I/We confirm having understood that my/our personal information provided in this application form shall be processed in accordance with the provisions of the Data Protection Act, 2019, and where applicable the General Data Protection Regulation (EU) 2016/679 or all other applicable laws as may be amended from time to time.

Signed: 1st Applicant

Signed: 2nd Applicant

Name: _____

Name: _____

Date: _____

Date: _____

For Official use only:

Investment objectives _____

Risk tolerance: Low () Moderate () Low-Medium () Medium () High (). Comments _____

AML risk rating: High () Medium () Low (). Comments _____

PEP status: Principal Pep Yes () No (). Comments _____

PEP Associate Yes () No (). Comments _____

Witnessed & Verified By:

Authorized/Checked by:

Name _____ Date _____ Sign &Stamp _____

Name _____ Date _____ Sign &Stamp _____

CDS 1
Code
Serial
No.



CENTRAL DEPOSITORY & SETTLEMENT CORPORATION
Invested in Progress

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

Colour photo

Client code _____ (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 by all)

NEW or EXISTING CDS Account Number

CDA Code

B 0 1 1

Account Number

Client type

Are You Tax Exempt?

Yes No

Names in Block Letters

(If yes, attach a certified a copy of Tax exemption certificate)

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.				
Address				
Postal Code				
Telephone Number(s)				
Fax Number				
Email Address				
Town				
Date of Birth/Incorporation (as applicable)				
Country of Residence				
Source of funds				
Nationality				
Next of Kin:	Name	Phone Number	E-mail Address	Relationship
1.				
2.				
Client Category (Tick as Applicable) Local Individual (LI) , Local Company (LC), Foreign Individual (FI) Foreign Company (FC), E.A. investor (EI) E.A Company (EC)				
Dividend Disposal preference () by bank, please give details below () By Cheque Tick Where applicable				
Bank Details		Bank	Branch	Account No.

DECLARATION:

I/We hereby:

- (i) Request to open and maintain a Securities Account in my/our name/ Change particulars in my/our Securities Accounts as indicated above (delete as appropriate)
- (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

Witnessed and Verified

by:

Name: _____

Authorized by: _____

Designation: _____

Name: _____

Date: _____

Designation: _____

Company stamp: _____

Date: _____

Other Services/Products

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.cdskenya.com

SMS Services Online Account Services Email Account Service

For official use: Clear vision Registered Mapped Update

sign checker sign