KINGDOM SECURITIES

A Subsidiary of Ne Co-operative Bank of Kenya

INDIVIDUAL/JOINT ACCOUNTOPENING FORM

Requirement checklist

		t of required docume ng with this duly filled		en your account per client ca	ategory.		Client	Branch officer	KSL officer	
-	ndividual			port (Personal Detail/ Bio data	a page and Renewal	page				
nd joint a	accounts	i.e. last three pages								
			red Passport	size photograph/digital passp	port photo of each a	ccount				
		signatory								
		3. Certified copy of	bank stateme	ent/ cheque leaf /bank card (f	ront side only)					
enyan Liv iaspora	ving in the	1. Certified copy of Renewal page i.e. la		n ID/Kenyan passport (Person es)	nal Detail/ Bio data p	bage and				
		2. Two recent colou signatory	red Passport	size photograph/digital passp	port photo of each a	ccount				
			bank stateme	ent/ cheque leaf /bank card (f	ront side only)					
		4. KRA PIN Certificat								
		5. Client is introduce	ed through th	ne Co-op Bank diaspora bankir	ng department who	verifv				
				achments should be stamped						
-	tizen living	1. Copy of a valid pa	issport					+		
Kenya		2. Two recent colou	red Passport	size photograph				+		
		3. KRA PIN Certificat	(e					+		
		4. Introduction Lette	4. Introduction Letter from the embassy (where the embassy is available in Kenya)							
		5. Copy of Valid wor								
		6. Certified copy of	bank stateme	ent/ cheque leaf /bank card (f	ront side only)					
		7. All documents an public/embassy.	All documents and attachments should be notarized/ locally certified by a notary blic/embassy							
lient	Signature:		Branch officer	Signature:	KSL officer	Signatur	e			
				Date and Stamp		Date and	d Stamp			
	Date		_							
	Date									
or Officia	ן וונסי									
	1 436.									

A Subsidiary of Ne Co-operative Bank of Kenya

KINGDOM SECURITIES INDIVIDUAL/JOINT ACCOUNTOPENING FORM

CLIENT CODE	CDS/DI	RIVATIVES	S ACCC		JMBEF	ł –											
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the box)	My Office	Phone Num	nber				TAX C	oun	try								
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	Employee	Department	:/Unit				Emplo	yer.	Add	lress	5						
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	Main Sour	ce of Funds					Other	sou	rce	of fu	inds						
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INDIVIDUAL/JOINT ACCOUNTOPENING/ AMENDMENT ADDENDUM

FOF			DE				
	REIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) QUESTIO Applicant	Tick		2nd	Applicant	Tick	
150		Y	N	211u 1	Are you a U.S Resident?	Y	N
2	Are you a U.S Resident? 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	Y	N	3	Are you holding a U.S Permanent Resident Card (Green	Y	N
4	Card)?	Y	N	4	Card)?	Y	N
4 5	Were you born in the U.S? Have you granted power of attorney or signatory	Y	N N	4 5	Were you born in the U.S? Have you granted power of attorney or signatory	r Y	N
5	authority to a person with a U.S. address?		IN	5	authority to a person with a U.S. address?		
6	Do you have a U.S. residential address?	Y	N	6	Do you have a U.S. residential address?	Y	Ν
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	Ν	8	Do you have a standing order to a U.S. Bank Account?	Y	Ν
9	Do you have a U.S. telephone No.?	Y	Ν	9	Do you have a U.S. telephone No.?	Y	Ν
If yo	ou answered Yes to any of the above questions, you will be	requ	ired	to ac	dditionally submit a W-9 form in line with FATCA regulatior	IS	
Onl	ine Share Trading (OST) (Tick Appropriately)						
I /W If yo You Ema	e would like to be registered for Online Share Trading (OST /e agree to be bound by the terms and conditions pertainin ou request to be registered for OST, you will receive your cr may also register yourself on <u>https://trading.kingdomsecu</u> ail Instructions (Tick Appropriately) e agree to be bound by terms and conditions pertaining to em	g to eder uritie	ntials <u>s.co.</u>	and <u>ke/tr</u>	One Time Password (OTP) via email after registration.		
(Tio	ck Appropriately): Yes No Email address	:					
Res	earch and advisory (Tick Appropriately)						
	e would wish to subscribe for Kingdom Securities research rep ly understand that opinions and material on the report are for						
Sigr	ning Instruction (Tick Appropriately)						
So	le Either to Sign All to Sign Other(specify)						
at m I/We such I/We Prote	y/our cost against any loss or claims arising out of the account(s) beir agree to comply, observe and be bound by Kingdom Securities Limit other websites as the Kingdom Securities Limited may designate as i confirm having understood that my/our personal information provid ection Act, 2019, and where applicable the General Data Protection R ned: 1st Applicant	ng clo ed Ge ts off ded ir	sed b eneral icial w this a	y the Tern vebsit applic EU) 2 Sig	curities Limited and agree to hereby indemnify the Kingdom Securities Kingdom Securities Limited without notice due to unsatisfactory per ms and Conditions and Tariffs available on www.kingdomsecurities.cc for from time to time on this day month year cation form shall be processed in accordance with the provisions of the 2016/679 or all other applicable laws as may be amended from time in ed: 2nd Applicant	forma <u>o.ke.</u> o ne Dat	ance. or ta
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	Official use only:						
	tment objectives						
	tolerance: Low () Moderate () Low-Medium () Medium () Hi risk rating: High () Medium() Low (). Comments						
							-
PEPS							
W/i+	PEP Associate Yes () No (). Comments nessed & Verified By:				Authorized/Checked by:		
						_	
Nam	ne Date Sign &Stamp				Name Date Sign &Stamp		

RISK ASSESMENT FORM

	rm is designed to assist y indicate your choice by c						•		n yoı	ur risk	tolerance	and	l accep	tab	le return.	
I	What is your age brack	et?														
1.	18 - 30 years 2. 31 - 45 years 3. Over 45 years															
н	How long do you want t	o invest	?													
1	0 - 3 years	2.	3 - 5 y	ears		3.	5 - 7 ye	ars					4. 0	ver	10 years	
111	What type of savings or	investn	nents de	ο γοι	u currently hold?	(Plea	ase all tio	k wł	ere a	applic	able)					
1	Bank savings 2.	T/Bills		3.	Business	4.	Propert	.y	5	5.	Unit trust	6.	Off-	Sho	ore investments	
IV	What do you expect of y	our inc	ome in	the r	next three to five	year	·s?									
1.	Increase	2.	Stay a	bout	the same	3.	Decline	/ Sto	р							
v	Which one of the follow	ing stat	ements	best	t describes your a	attitu	ide towa	rds i	nvest	tment	t risk?					
1.	A sound and good unde investments and financ		-		A basic understanding of investments and financial markets			3.	Very little knowledge of investments but have an interest					4.	No interest or knowledge of any investments	
VI	When I think of risk, the	word c	omes to	o mir	nd.											
1.	loss		2		uncertainty		3. opportunity									
VII	Which of the following	do you '	feel bes	t de	scribes you?											
1.	and preserve my capital investments with				I would prefer a i investments with exposure	n low portf			ould prefer a balanced tfolio with medium osure				4.	l would prefer an aggressive portfolio with a high exposure		
VIII	What attracts you to an	investn	nent?													
1.	Its good return regardles	s of the	risk ₂		A combination of	f secı	urity and	inco	me	3.	Purely se	cur	ity			
IX	Do you have an emerge	ncy fund	ł?													
1.	No		2		Yes, but less thar			wortl	n	3.	adequate	e to	last m	e m	ore than 1year	
х	If I make an unrealized I	oss of 3	0% of n	ny cu	rrent investmen	t it w	ill									
1	not bother me and I'll give it time to grow back 2 be slightly concerned but be fine 3 give me sleepless nights and I'm likely to exit and invest elsewhere								ts and I'm likely to exit and							

An average of your scores will guide your risk appetite.

KINGDOM SECURITIES

Kindly get an average of your scores.

As per your score, your risk falls under:

0-1	Low	Focus on secure income stream Expect minimal growth on the capital invested Short to medium term preservation of capital
1 - 1.67	Moderate	Reasonable level of current income Expect moderate growth on the capital invested Moderate volatility
1.68 - 2.35	Low-Medium	Stable income stream Modest growth on capital invested Medium to long term capital security Expect some protection against inflation
2.36 – 3	Medium	Moderate income stream & level of capital volatility Expect potentially high growth on invested capital Long-term return likely to be greater than inflation
>3	High	Moderate income stream & level of capital volatility Expect potentially high growth on invested capital Long-term return likely to be greater than inflation

Form reviewed Sept 2021 Page **3** of **4**

		SC	I	. DEPOSITOR ENT CORPOR I in Progress	ATION	Colour photo
		DN CENTRE, P.O. B D-2912000; FAX 22	OX 3464 001 29405, www	00, GPO NAIRO v.cdsckenya.com	DBI, KENYA,	
	Securities Account open NEW or EXISTING CDS Account N CDA Code B 0 1				(If more than 2 the other to be by all) De Are	t Account es No. joint holders details of on another form signed You Tax Exempt? es No.
	Names in Block Letters Surname				(If yes, attach a cert	ified a copy of Tax exemption certificate)
	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 N	umber	E-mail Ad	dress	Relationship
	1. 2.			2		
	Client Category (Tick as Applicable)	ocal Individual (LI) , Foreign Company (1	-			<u> </u>
	Dividend Disposal preference () by bank, pleas	se give details below	() By (Cheque Tick	Where applicable	
	Bank Details Bank	Branc	<u>h</u>	Account	No.	
	DECLARATION: I/We hereby: (i) Request to open and maintain a Securities Account appropriate) (ii) Affirm that all information in this form is correct. (iii) Undertake to notify my CDA any change of partice Name(s)	-		-	urities Accounts as	indicated above (delete a
	1		1	•••••		
	2		2	•••••		
Sign	3	•••••	3			
<u>s</u>	4	•••••	4	••••••		•••••
Checker	(Securities Account Holder's Authorized Signatory/Seal for	r Companies)	Date:	/	/	
Chec	For CDA use only					
	Witnessed and Verified by:					
sign	Name:		Authorized	by:		
	Designation:		Name:			
ake	Date:		Designation	1:		
S S S S S S S S S S S S S S S S S S S	Company stamp:		Date:			
For official use: Maker Clear vision Registered Mapped	Other Services/Products I/We request to be subscribed to the following services/pr Find the Terms & Conditions at: <u>www.cdsckenya.com</u> SMS Services Online Account Servi		fuse, I/We conf		and understood.	