

Requirement checklist

Please see below the list of required documentation to open your account per client category. Kindly submit them along with this duly filled form				Client	Branch officer	KSL officer		
Personal individual and joint accounts	1. Certified copy of ID/valid passport (Personal Detail/ Bio data page and Renewal page i.e. last three pages) for each account signatory (verifiable on IPRS)							
	2. Two recent coloured Passport size photograph/digital passport photo of each account signatory							
	3. Certified copy of bank statement/ cheque leaf /bank card (front side only)							
	4. KRA PIN Certificate for each signatory							
Kenyan Living in the Diaspora	1. Certified copy of a valid Kenyan ID/Kenyan passport (Personal Detail/ Bio data page and Renewal page i.e. last three pages)							
	2. Two recent coloured Passport size photograph/digital passport photo of each account signatory							
	3. Certified copy of bank statement/ cheque leaf /bank card (front side only)							
	4. KRA PIN Certificate							
	5. Client is introduced through the Co-op Bank diaspora banking department who verify KYC documents All forms and attachments should be stamped by a diaspora banking officer							
Foreign citizen living in Kenya	1. Copy of a valid passport							
	2. Two recent coloured Passport size photograph							
	3. KRA PIN Certificate							
	4. Introduction Letter from the embassy (where the embassy is available in Kenya)							
	5. Copy of Valid work permit							
	6. Certified copy of bank statement/ cheque leaf /bank card (front side only)							
	7. All documents and attachments should be notarized/ locally certified by a notary public/embassy.							
Client	Signature:		Branch officer	Signature:		KSL officer	Signature	
	Date			Date and Stamp			Date and Stamp	
For Official use:								

CLIENT CODE		CDS/DERIVATIVES ACCOUNT NUMBER																				
I / we wish to open/amend a 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. I/We confirm that the information given herein is true and complete.																						
Account type: <input type="checkbox"/> local Individual <input type="checkbox"/> local Individuals/Joint <input type="checkbox"/> Foreign Individual <input type="checkbox"/> Foreign Individuals/Joint <input type="checkbox"/> East African Individual																						
1st Applicant	Select	Mr.	Mrs.	Ms.	Dr.	Prof.	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													
	Civil/Marital status								Other Nationality													
	Date of Birth				D	D	M	M	Y	Y	Y	Y	Country of residence									
	Passport Expiry Date				D	D	M	M	Y	Y	Y	Y	County/ State of residence									
	Work Permit Expiry				D	D	M	M	Y	Y	Y	Y	Visa Expiry Date		D	D	M	M	Y	Y	Y	Y
	Email address:																					
	Physical/residential address:				Estate,		Hse no,		Floor,		Street/road											
	Postal Address				P.O BOX						, code, Town											
Specimen Signature (sign at the center of the box) ▼	My phone number								My Other Phone number													
	My Office Phone Number								TAX Country													
	Occupation/ Nature of Business								KRA PIN/ TAX identification number													
▼	Name of Employer								Job Title													
	Employee Department/Unit								Employer Address													
	Employer Phone Number								Employment terms: <input type="checkbox"/> Contract <input type="checkbox"/> Permanent													
	Main Source of Funds								Other source of funds													
	Monthly Income range				<input type="checkbox"/> 1- 50,000		<input type="checkbox"/> 50,001-100,000		<input type="checkbox"/> 100,001-500,000													
	(Kes equivalent):				<input type="checkbox"/> 500,001 – 1,000,000		<input type="checkbox"/> Over 1 million															
	Next of Kin's Name								Relationship													
	Next of Kin's ID No								Next of Kin's Phone No													
2nd Applicant	Select	Mr.	Mrs.	Ms.	Dr.	Prof.	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													
	Civil/Marital status								Other Nationality													
	Date of Birth				D	D	M	M	Y	Y	Y	Y	Country of residence									
	Passport Expiry Date				D	D	M	M	Y	Y	Y	Y	County/ State of residence									
	Work Permit Expiry				D	D	M	M	Y	Y	Y	Y	Visa Expiry Date		D	D	M	M	Y	Y	Y	Y
	Email address:																					
	Physical/residential address:				Estate,		Hse no,		Floor,		Street/road											
	Postal Address				P.O BOX						, code, Town											
Specimen Signature (sign at the center of the box) ▼	My phone number								My Other Phone number													
	My Office Phone Number								TAX Country													
	Occupation/ Nature of Business								KRA PIN/ TAX identification number													
▼	Name of Employer								Job Title													
	Employee Department/Unit								Employer Address													
	Employer Phone Number								Employment terms: <input type="checkbox"/> Contract <input type="checkbox"/> Permanent													
	Main Source of Funds								Other source of funds													
	Monthly Income range				<input type="checkbox"/> 1- 50,000		<input type="checkbox"/> 50,001-100,000		<input type="checkbox"/> 100,001-500,000													
	(Kes equivalent):				<input type="checkbox"/> 500,001 – 1,000,000		<input type="checkbox"/> Over 1 million															
	Next of Kin's Name								Relationship													
	Next of Kin's ID No								Next of Kin's Phone No													
Bank Account Details (Attach a copy of Bank card/Bank Statement/ Cancelled cheque)																						
Bank:				Account name:																		
Branch:				Account number:																		
SWIFT code:				Sort Code/Routing/ SWIFT/IBAN:																		

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) QUESTIONNAIRE

1st Applicant			Tick		2nd 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

Online Share Trading (OST) (Tick Appropriately)

I/We would like to be registered for Online Share Trading (OST) Yes No

I /We agree to be bound by the terms and conditions pertaining to Online share trading services Yes No

If you request to be registered for OST, you will receive your credentials and One Time Password (OTP) via email after registration.

You may also register yourself on <https://trading.kingdomsecurities.co.ke/tradeweb>

Email Instructions (Tick Appropriately)

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

(Tick Appropriately): Yes No Email address: _____

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) _____

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: _____

Date: _____

Name: _____

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

This form is designed to assist you decide on which investment is best for you, based on your risk tolerance and acceptable return. Kindly indicate your choice by crossing or circling the option(s) that best apply to you.

I What is your age bracket?											
1.	18 - 30 years	2.	31 - 45 years	3.	Over 45 years						
II How long do you want to invest?											
1	0 - 3 years	2.	3 - 5 years	3.	5 - 7 years	4.	Over 10 years				
III What type of savings or investments do you currently hold? (Please all tick where applicable)											
1	Bank savings	2.	T/Bills	3.	Business	4.	Property	5.	Unit trust	6.	Off- Shore investments
IV What do you expect of your income in the next three to five years?											
1.	Increase	2.	Stay about the same	3.	Decline / Stop						
V Which one of the following statements best describes your attitude towards investment risk?											
1.	A sound and good understanding of investments and financial markets	2.	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 comes to mind.											
1.	loss	2.	uncertainty	3.	opportunity						
VII Which of the following do you feel best describes you?											
1.	I would prefer a low risk investment and preserve my capital	2.	I would prefer a mix of investments with low exposure	3.	I would prefer a balanced portfolio with medium exposure	4.	I would prefer an aggressive portfolio with a high exposure				
VIII What attracts you to an investment?											
1.	Its good return regardless of the risk	2.	A combination of security and income	3.	Purely security						
IX Do you have an emergency fund?											
1.	No	2.	Yes, but less than six months' worth	3.	adequate to last me more than 1year						
X If I make an unrealized loss of 30% of my current investment it will											
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						

An average of your scores will guide your risk appetite.

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

CDS 1			CENTRAL DEPOSITORY & SETTLEMENT CORPORATION <i>Invested in Progress</i>	Colour photo

Client code: _____ (TO BE COMPLETED IN DUPLICATE)

SECURITIES ACCOUNT OPENING/MAINTENANCE FORM

NEW or EXISTING CDS Account Number

CDA Code	Account Number	Client type
B 0 1 1		

Joint Account
Yes No

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

Are You Tax Exempt?
Yes No

Names in Block Letters (If yes, attach a certified 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	<u>Bank</u>	<u>Branch</u>	<u>Account No.</u>
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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: <table border="1" style="width: 100px; height: 100px; vertical-align: middle;"></table>	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.cdsckeny.com

<input type="checkbox"/> SMS Services	<input type="checkbox"/> Online Account Services	<input type="checkbox"/> Email Account Service
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For official use: Sign, Checker, sign, Maker, Clear vision, Registered, Mapped, Update