

CLIENT CODE		CDS/DERIVATIVES ACCOUNT NUMBER	
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I/We wish to update my/our information. I wish to update
 1. _____ 2. _____ 3. _____ 4. _____

I/We declare that the information provided is accurate.

1st Signatory	Select	Mr.	Mrs.	Ms.	Dr.	Prof.	Hon.	Pst.	Rev.	Other _____
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First Name	Middle Name(s)	Surname
ID/ Passport Number	Civil/Marital status	Nationality
My phone number	My Other Phone number	Occupation/ Nature of Business
Name of Employer	Monthly Income range (Kes equivalent): <input type="checkbox"/> 1- 50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001-500,000 <input type="checkbox"/> 500,001 – 1,000,000 <input type="checkbox"/> Over 1 million	
Next of Kin's Name	Relationship	Next of Kin's Phone No
Email address:		
Physical/residential address:		

2nd Signatory	Select	Mr.	Mrs.	Ms.	Dr.	Prof.	Hon.	Pst.	Rev.	Other _____
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First Name	Middle Name(s)	Surname
ID/ Passport Number	Civil/Marital status	Nationality
My phone number	My Other Phone number	Occupation/ Nature of Business
Name of Employer	Monthly Income range (Kes equivalent): <input type="checkbox"/> 1- 50,000 <input type="checkbox"/> 50,001-100,000 <input type="checkbox"/> 100,001-500,000 <input type="checkbox"/> 500,001 – 1,000,000 <input type="checkbox"/> Over 1 million	
Next of Kin's Name	Relationship	Next of Kin's Phone No
Email address:		
Physical/residential address:		

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:	

Signing Instruction (Tick Appropriately)

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

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>

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

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: _____

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

Name: _____
 Date: _____

Signed: 2nd Applicant

Name: _____
 Date: _____

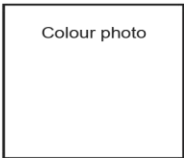
For Official use only:

Witnessed & Verified By:	Authorized/Checked by:

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.cdsckeny.com

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.cdsckeny.com

SMS Services Online Account Services Email Account Service

For official use:	Maker	Checker	Sign
Clear vision			
Registered			
Mapped			
Update			