## APPLICATION FOR APPOINTMENT TO OPERATE AS A CENTRAL DEPOSITORY AGENT

Application is hereby made for appointment to operate as a Central Depository Agent as provided under the Act and the Rules and the following statements are made in respect thereof: *Note:* 

If space is insufficient to provide details, please attach annexure(s). Any annexure(s) should be identified as such and signed by the signatory of this application.

*Information provided should be as at the date of the application.* 

1. Name of company		Limited
2. Registered office		
3. Date of incorporation		
4. Address		
5. E-mail		
	ne number of principal	
-	ne number of branch offices and	-
(b) Number of shares		
9. Shareholders (please attach a list where neces	ssary)	
Name	Address & telephone number	Number of shares held

## 10. (a) Directors

Name	Identity Card/Passport Number	Date of appointment	Date of birth	Permanent address &Telephone	Academic or professional qualification	Number of shares held in the
				number		company

(b) Secreta	ry					
Name						
Address			•••••			
Institute of	Certified Secreta	ries of Kenya I	Registration	No		
(c) Chief E	xecutive and other	er key personne	el			
Name	Identity card/Passport Number	Date of appointment	Date of birth	Permanent address & Telephone number	Academic or professional qualification	Number of shares held in the company
11. Particul	ars of other direc	etorship(s) of th	e directors (	attach list whe	re necessary)	
	ars of shares held	_	n other			

13. Has the applicant or any of its directors or members of senior management at any time been placed under receivership, declared bankrupt, or compounded with or made an assignment for the benefit of his creditors, in Kenya or elsewhere - Yes/No. If `yes', give details

been: (a) denied any l - Yes/No. If Ye	licence or approval by any es, give details.	nt of the applicant been a direc	
services whose	licence has been revoked b	king, insurance, financial or ir	<u> </u>
or any of its dir Yes/ No. If yes	rector was a member - , give details.	ction by any professional body	
-	iolation of any law - Yes / I	icant, or a person associated w	vith the applicant was
	-	ated with the applicant now th wer to the above question (15)	•
17. Particulars	of two business referees of	the applicant:	
Name	Address	Telephone numbers	Industry
-		and key employees in the app fications and work experience	1 1 -

Name	Position	Qualifications	Experience

execution of its duties	under Rule 9)	ilities necessary to suppor	
		I relevant to this application	
Director			and
declare that all the info	ormation given in this app	lication and in the attache	d documents is true and
Made on this	day of		20
	) Director		
	) Director		
	) Secretary		