



CDA CODE	CDS ACCOUNT NUMBER				
CLIENT EXISTING ACCOUNT DET	AILS				
PLEASE FILL DETAILS IN BLOCK For Individual/Joint/Minor Account(s):					
Surname*	Other Names* Gender Male Female				
ID Number/Passport Number*	KRA PIN*				
	Accounts)				
For Joint Account(s):					
Surname*	Other Names* Gender Male Female				
	KRA PIN*				
Birth Certificate Number (for Minor A	Accounts)				
For Corporates:					
	ne*				
Registration Number*	KRA PIN*				
CLIENT INFORMATION UPDATE					
INFORMATION BEING UPDATED (TICK AS APPROPRIATE)	Email Address KRA PIN Country of Residence  Physical Location Taxation Status Phone Number  Postal Address Passport Expiry Date Source of Investment Funds  Nationality/Citizenship Payment Details				
Updated Email Address					
2. If identification is Passport, upda	ted Passport Expiry Date: DDMMYYYYY				
3. Country of Residence					
<ol> <li>Updated Tax Status. Non-Reside</li> <li>Updated Nationality/Citizenship:</li> </ol>					
7. Updated KRA PIN:					
8. Updated Postal Address:	Postal Code:				
9. Updated Physical Location: Tov	vn/City: Estate Location:				
UPDATED SOURCE OF INVESTME	ENT FUNDS				
Source of Investment Funds:					





OPDATED SOURCE OF INVESTIMENT	FUNDS							
a) If in Employment:								
Name of Employer:								
Employer's Postal Address:	Employer Telephone n	umber:						
Employer Email Address:								
b) If in Business:								
Name of Business Enterprise:								
Incorporation Certificate No:								
Postal Address:	Telephone Number:							
Email Address:								
Registered Office Location (Town/City, B	uilding Name, Street/Road Name):							
UDDATED DAVMENT DETAILS (DE : L	ud Diamand and Duana da of Cala)							
UPDATED PAYMENT DETAILS (Divide	nd Disposal and Proceeds of Sale)							
Domestic Bank	International Bank	Mobile Money Payment						
BANK DETAILS								
Account Number:								
Account Name:								
Bank Name:								
Branch Code (Domestic Banks)	Bank Swift Code (International Banks)							
-	EURO: USD: KES: US	H: TZSH: RFRANC:						
Indicate any other currency								
MOBILE MONEY PAYMENT DETAILS (Applicable only to Local Investors)								
Phone Number								
CICANAL MANDATE								
SIGNING MANDATE								
Single Either to si	gn All of us jointly	Any two to sign						
Name	Si	gnature INSERT SIGNATURE						
Name	Si	gnature INSERT SIGNATURE						
		WOLK! SIGHT WORL						
ADDITIONAL INFORMATION UPDATE	- FOR CORPORATES (Updated CR12, Partner	ship Deed and Trust Deed to be attached)						
Information being updated (Tick as approp	riate)							
Shareholders	Account Signatories	Source of investment Income						
	Account signatories	Jource of investment income						
Updated Source of Investment Income:								





UPDATED SIGNATORY DETAILS								
PLEASE FILL DETAILS IN BLOCK								
Surname* Other Names*								
Designation INSERT COL PASSPORT PHO								
ID/Passport Number* Passport Expiry Date DDMMYYYY								
ID Type:* National ID East African ID Passport Alien ID								
Date of Birth* DDMMYYYY Nationality/Citizenship*								
KRA PIN* Country of Residence								
Postal Address Postal Code City/Town								
Telephone Number* Country Code								
Email Address*								
Physical Residential Address								
County/State Estate/Court Road/Street								
House/Flat Number								
SIGNATORY DETAILS (IF APPLICABLE)								
SIGNATORY DETAILS (IF APPLICABLE)  PLEASE FILL DETAILS IN BLOCK								
PLEASE FILL DETAILS IN BLOCK  Surname* Other Names* INSERT COL								
PLEASE FILL DETAILS IN BLOCK  Surname* Other Names* INSERT COL PASSPORT PHO								
PLEASE FILL DETAILS IN BLOCK  Surname* Other Names* INSERT COL PASSPORT PHO								
PLEASE FILL DETAILS IN BLOCK  Surname* Other Names* INSERT COL PASSPORT PHO  ID Type: National ID East African ID Passport Alien ID								
PLEASE FILL DETAILS IN BLOCK  Surname* Other Names* INSERT COL PASSPORT PHO  ID Type: National ID East African ID Passport Alien ID  ID/Passport Number* Passport Expiry Date								
PLEASE FILL DETAILS IN BLOCK  Surname* Other Names* INSERT COL  Designation Passport Alien ID  ID Type: National ID East African ID Passport Alien ID  ID/Passport Number* Passport Expiry Date DDMMYYYY  Date of Birth* DDMMYYYY Nationality/Citizenship*								
PLEASE FILL DETAILS IN BLOCK  Surname* Other Names* INSERT COL  Designation Passport Alien ID  ID Type: National ID East African ID Passport Date of Birth* DMMYYYY Nationality/Citizenship*  KRA PIN* Country of Residence  Postal Address Postal Code City/Town								
PLEASE FILL DETAILS IN BLOCK  Surname* Other Names* INSERT COL  Designation Passport Alien ID  ID Type: National ID East African ID Passport Expiry Date  ID/Passport Number* Passport Expiry Date  Other Names* Country of Residence  Postal Address Postal Code City/Town								
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PLEASE FILL DETAILS IN BLOCK  Surname* Other Names* INSERT COL  Designation Passport Alien ID  ID Type: National ID East African ID Passport Expiry Date DIMMYYYY  Date of Birth* DIMMYYYY Nationality/Citizenship* KRA PIN* Country of Residence  Postal Address Postal Code City/Town  Telephone Number* Country Code  Email Address*								

ARE YOU OR ANY OTHER PERSON CONNECTED WITH THE APPLICATION CLASSIFIED AS A POLITICALLY EXPOSED PERSON (P.E.P) OR CONNECTED TO A P.E.P? (IF CORPORATE ACCOUNT, TO BE FILLED BY THE DIRECTORS)





SIGNATORY DETAILS (IF APPLICABLE)									
YE:	S NO								
If yes, specify the name of the person and the relationship.									
CL	IENT DECLARATION								
1.	I/We certify that the information I/we accurate and complete.	have provic	ded on this form and th	he documents I/we h	nave attach	ned is true,			
2.									
3.									
4.									
5.	5. I/We will notify CDSC or my/our CDA of any change of my/our information presented in this form and the documents I/we have attached.								
6. I/We shall indemnify CDSC against any claims arising out of the provision of any false or misleading information or for any costs or loss arising out of my/our conduct of the account.									
Na	me	Signature	INSERT SIG	inature	Date	D D M M Y Y Y Y			
Na	me	Signature	INSERT SIG	inature	Date	D D M M Y Y Y Y			
Na	me	Signature	INSERT SIG	inature	Date	D D M M Y Y Y Y			
CD	A SECTION								
We hereby irrevocably guarantee that we shall make good any claim arising from the said changes and hereby indemnify in fu and hold CDSC Limited, its directors, employees and officers harmless against all claims, consequences, liabilities and damages of any kind and costs whatsoever directly arising from or relating to the account information update.									
Wit	nessed and verified by:			Designation:					
Da	te DDMMYYYY Signature	INSI	ERT SIGNATURE						
Au	thorized		Designation						
Dat	e DDMMYYYY Signature	INSE	RT SIGNATURE						
CD.	A Stamp/Seal								