CENTRAL DEPOSITORY & SETTLEMENT CORPORATION
Invested in Progress

SECURITIES ACCOUNT OPENING (CDS 1) FORM

CORPORATE ACCOUNT OPENING FORM

CDA CODE _____ **CDS ACCOUNT NUMBER (NEW/EXISTING)** _____

COMPANY DETAILS

PLEASE FILL DETAILS IN BLOCK

Registered Name* _____

Investor Category* *(Tick as applicable)* Local Company (LC) ☐ Foreign Company (FC) ☐ East African Company (EC) ☐

Registration Number* _____ Date of Registration* D D M M Y Y Y Y

Country of Registration* _____ Physical Location (Town/City)* _____

Physical Location (Plot/Building Name) _____ Physical Location (Road/Street) _____

KRA PIN* _____ Postal Address _____

Postal Code _____ Town _____ Telephone Number* _____

Email Address* _____

Source of Investment Funds* _____

TAX STATUS

Tax Exempt* Yes ☐ No ☐ *(If Yes, please attach a copy of your tax exemption certificate)*

PAYMENT DETAILS (DIVIDEND DISPOSAL AND PROCEEDS OF SALE)

(Tick where applicable) Domestic Bank ☐ International Bank ☐

BANK DETAILS

Account Name _____

Account Number _____ Bank Name _____

Branch Code (Domestic Banks) _____ Bank Swift Code (International Banks) _____

Currency (International Banks) EURO ☐ USD ☐ GBP ☐ KES ☐ USH ☐ TZSH ☐ RFRANC ☐

Indicate any other currency _____

SIGNATORY DETAILS

PLEASE FILL DETAILS IN BLOCK

Surname* _____ Other Names* _____

Designation _____

ID/Passport Number* _____ Passport Expiry Date* D D M M Y Y Y Y

ID Type* *(Tick as applicable)* National ID ☐ East African ID ☐ Passport ☐ Alien ID ☐

Date of Birth* D D M M Y Y Y Y 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)

PLEASE FILL DETAILS IN BLOCK

Surname* Other Names*

Designation

ID/Passport Number* Passport Expiry Date* D D M M Y Y Y Y

ID Type* *(Tick as applicable)* National ID ☐ East African ID ☐ Passport ☐ Alien ID ☐

Date of Birth* D D M M Y Y Y Y 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)

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? (TO BE FILLED BY THE DIRECTORS)

YES ☐ NO ☐

If yes, specify the name of the person and the relationship.

CLIENT DECLARATION

1. *I/We certify that the information I/we have provided on this form and the documents I/we have attached are true, accurate and complete, and authorize CDSC to make any inquiries necessary in connection with the information I/we have provided in this form.*
2. *I/We certify that I/we have carefully read the Terms & Conditions and Privacy Notice provided in the CDSC website and I/we understand why you collect my/our personal information and how you safeguard my/our privacy.*
3. *I/We declare that I am/we are the (Beneficial Owner ☐ Legal Owner ☐) of this CDS Account (tick as appropriate).*
4. *I/We understand that any false or misleading information limits your ability to promote my/our right to privacy and when intentional, is a punishable criminal offence under the Laws of Kenya.*
5. *I/We authorize CDSC to use the information collected in this form to open and maintain my/our securities account and for other related purposes.*
6. *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.*
7. *I/We understand that CDSC may charge fees related to maintaining of the securities account and I/we shall be liable for the fees charged for the operating the securities account.*
8. *I/We confirm that the funds used in the investment in securities are not arising out of proceeds of crime, money laundering and/or any illegal activities.*
9. *I/We 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.*

If more than two signatories, details of the other(s) to be provided on another form signed by all.

Name of Signatory Signature INSERT SIGNATURE Date D D M M Y Y Y Y

Name of Signatory Signature INSERT SIGNATURE Date D D M M Y Y Y Y

COMPANY STAMP/SEAL

CDA SECTION

CDA DECLARATION

I hereby certify that I have verified the above information and that:

1. This form has been signed in my presence.
2. To the best of my knowledge and belief, the name of the securities account holder as provided in the account opening form and the accompanying supporting documents refers to one and the same person/entity.
3. The person signing the account opening form has the proper authority to do so and I have examined the necessary documentary evidence.
4. We indemnify CDSC against any claims arising out of the failure to verify any information provided by the account holder.

Witnessed and verified by

Designation | Signature INSERT SIGNATURE | Date D D M M Y Y Y Y

Authorized by

Designation | Signature INSERT SIGNATURE | Date D D M M Y Y Y Y

CDA Stamp

Attachment checklist (certified copies):

- ☐ Certified copy of Certificate of Incorporation/Registration
- ☐ Certified copy of ID/passport copies of Directors/Signatories
- ☐ Certified copy of KRA PIN Certificate
- ☐ 1 passport photo of each Director/Signatory
- ☐ Proof/details of bank accounts: either a bank statement, copy of cheques leaf, photocopy of front of ATM card
- ☐ A copy of the latest annual returns submitted in respect of the body corporate in accordance with the law under which it is established

For Companies

- ☐ CR 12 or Memorandum and Articles of Association for Companies
- ☐ A Directors Resolution to open and operate the CDS account, specifying the signing mandates with which the account will be operated and naming the signatories to the account
- ☐ List of Beneficial Owners with their shareholding

For Trust

- ☐ A certified copy of the Trust Deed
- ☐ Trustees resolution to open and operate a CDS account and the resolution appointing authorized officer(s) to act on behalf of the trust
- ☐ Name of the trustees, beneficiaries or any other natural person exercising ultimate effective control over the trust

For Partnership

- ☐ Local Authority Business Permit
- ☐ The Partnership deed
- ☐ Partners' resolution to open and operate a CDS account and the resolution appointing authorized officer(s) to act on behalf of the trust

For Other Business establishments

- ☐ Local Authority Business Permit
- ☐ For foreigners, All documents and attachments should be notarized/ locally certified by a notary public/embass.