CDSC
Safer, Faster, Easier ...

Attach coloured passport size photo here

SECURITIES

CDSC 1	
Code	Serial No.

CENTRAL DEPOSITORY & SETTLEMENT CORPORATION LIMITED

10th FLOOR, NATION CENTER, P.O. BOX 3464 00100, NAIROBI, KENYA; Tel: 253079/8; FAX 253077

(TO BE COMPLETED IN DUPLICATE)
SECURITIES ACCOUNT OPENING/MAINTENANCE FORM
NEW or EXISTING CDS Client Identification Number (delete as appropriate)

CDSC NO.

Joint Account

YES | NO

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

Are You Tax Exempt ?

YES | NO

(If yes attach a certified copy of Tax exemption certificate.)

CUSTOMER DETAILS

Title: (Mr. / Mrs. / Dr. / Prof. /Hon. / etc.) _____ Company name _____

First name _____ Middle name _____ Surname _____

Date of birth / Incorporation D D M M Y Y Y Y **Gender** ☐ Male ☐ Female **Nationality** _____

Residence (country) _____ ID / Incorporation Number / Passport No. _____ Passport Expiry Date D D M M Y Y Y Y

PIN/ Tax Number _____

Client Category (Tick as Applicable) ☐ Local Individual ☐ Local Company ☐ Foreign Individual ☐ Foreign Company ☐ E.A. Investor ☐ E.A. Company

Dividend Disposal preference (Tick as Applicable) ☐ By bank, please give details below ☐ By Cheque

Bank Details Bank _____ Branch _____ Account No. _____

CONTACT DETAILS

Mobile No. _____ Home Phone No. _____ Office Phone No. _____

Mailing Address P. O. Box _____ Postal Code_____ Town_____ Country _____

Physical Address_____ Street Name _____

Email Address _____

FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

	Yes	No		Yes	No
1. Are you a U.S Resident?	☐	☐	6. Do you have a U.S. residential address?	☐	☐
2. Are you a U.S Citizen?	☐	☐	7. Do you have a correspondence, C/O or Hold mail address in the U.S?	☐	☐
3. Are you holding a U.S Permanent Resident Card (Green Card)?	☐	☐	8. Do you have a standing order to a U.S. Bank Account?	☐	☐
4. Were you born in the U.S?	☐	☐	9. Do you have a U.S. telephone No.?	☐	☐
5. Have you granted power of attorney or signatory authority to a person with a U.S. address?				☐	☐

EXPECTED MONTHLY INCOME & SOURCE OF FUNDS

Source of funds_____ Employer name _____ Nature of business _____

Countries where International transactions will be conducted _____

Monthly Income (Currency & Amount) _____ No of monthly transactions (approx.) _____

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

☐ Premium Service ☐ Mobile Trading ☐ Online Trading ☐ Email Indemnity

We will send you monthly Account statements on email (eStatement) to the email address you have given us above.

I confirm that the information given is correct and true to the best of my knowledge. Sign here (Within the boundary of this box) (AUTHORIZED SIGNATORY/ SIGNATORIES)

Signing Powers: ☐ Solely ☐ Either/Or ☐ All Must Sign

Company Stamp/Seal

FOR CDA USE ONLY

Witnessed and verified by: _____ Authorized by: _____

Name: _____ Name: _____

Designation:_____ Designation: _____

Date: _____ Date: _____