KCB INVESTMENT BANK

CDSC 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* _____

Place of Birth _____ Country of Residence* _____

Postal Address _____ Postal Code _____ KRA PIN* _____

Telephone Number* _____ City/Town _____

Email Address* _____ Country Code _____

Physical Residential Address (County/State, Estate/Court, Road/Street House/Flat Number)

_____

KCB INVESTMENT BANK

CDSC CENTRAL DEPOSITORY & SETTLEMENT CORPORATION *Invested in Progress*

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*

Place of Birth Country of Residence*

Postal Address Postal Code KRA PIN*

Telephone Number* City/Town

Email Address* Country Code

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

KCB INVESTMENT BANK

CDSC CENTRAL DEPOSITORY & SETTLEMENT CORPORATION *Invested in Progress*

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.

Corporate / Legal-Person CDS Account — Risk Assessment

PART A- INVESTMENT SUITABILITY ASSESSMENT

1. Does the organisation have an approved Investment Policy Statement (IPS) or investment mandate for this account?

- ☐ Yes — attached
- ☐ Yes — in place but not attached
- ☐ Not applicable
- ☐ No — to be developed

2. Based on the organisation's IPS or investment mandate, declare the risk rating that applies to funds to be held in this trading account and the matching investment objective. Tick ONE.

Tick	Rating	Investment Objective
☐	LOW	Capital preservation; protect principal with steady income. Minimal fluctuation tolerated. Horizon typically up to 2 years.
☐	MEDIUM	Balanced risk and return; accept moderate fluctuation for moderate growth. Horizon 2 – 5 years.
☐	HIGH	Capital growth with tolerance for volatility; accept significant fluctuation for higher long-term return. Horizon 7+ years.

Corporate declaration (Part A): We confirm that the risk rating declared above reflects a decision taken by the organization and that we will notify KCB Investment Bank in writing of any change to the risk rating

Authorised Signatory 1: Name _____ Signature _____ Date _____

Authorised Signatory 2: Name _____ Signature _____ Date _____

PART B — RISK PROFILE

1. What type of organisation is opening this account?

- ☐ Private limited company
- ☐ Public listed company
- ☐ Other public company
- ☐ State corporation / parastatal
- ☐ SACCO
- ☐ Registered trust
- ☐ Foundation
- ☐ NGO / non-profit
- ☐ Partnership (LLP)
- ☐ Special Purpose Vehicle (SPV)
- ☐ Sole proprietorship
- ☐ Other (please specify)

If Other:

_____

2. How did the organisation build up its money over the years?

- ☐ Profits retained from running the business
- ☐ Money put in by owners or members
- ☐ Bank loans
- ☐ Bonds or notes issued
- ☐ Grants or donations received
- ☐ Sale of an asset or part of the business
- ☐ A mix of the above (please explain)

If a mix, explain:

_____

- ☐ Other (please specify)

If Other:

_____

3. What does the organisation do? Which industry best describes it?

- ☐ Professional services (law, audit, consulting)
- ☐ Financial institution
- ☐ Manufacturing
- ☐ Wholesale or retail trade
- ☐ Agriculture or agribusiness
- ☐ Real estate or construction
- ☐ Mining, oil or gas
- ☐ Dealer in precious metals or stones
- ☐ Casino or gaming
- ☐ Money transfer or forex bureau
- ☐ NGO or charity
- ☐ Religious organisation
- ☐ Crypto or digital assets business
- ☐ Holding company with no trading activity
- ☐ Other (please specify)

If Other:

_____

4. What is the organisation's most recent annual turnover or total income? (KES, from latest accounts)

- ☐ Below 1.000,000
- ☐ 1,000,001 – 3,000,000
- ☐ 3,000,001 – 10,000,000
- ☐ 10,000,001 – 50,000,000
- ☐ Above 50,000,000

5. Where is the money that will fund this trading account coming from?

- ☐ Day-to-day cash from the business
- ☐ Money put in by owners or members
- ☐ Bank loan
- ☐ A recent capital raise
- ☐ Sale of an asset or investment
- ☐ Grant or donation
- ☐ Other (please specify)

If Other:

_____

6. What does the organisation want to use this account for?

- ☐ Treasury management of spare cash
- ☐ Building a long-term equity portfolio
- ☐ Actively buying and selling shares for short-term gains
- ☐ Taking part in IPOs, rights issues and bonus issues
- ☐ Hedging other exposures the organisation has
- ☐ Other (please specify)

If Other:

_____

7. How much does the organisation plan to have invested in shares once the account is fully funded? (KES)

- ☐ Below 1,000,000
- ☐ 1,000,001 – 3,000,000
- ☐ 3,000,001 – 10,000,000
- ☐ 10,000,001 – 50,000,000
- ☐ Above 50,000,000

8. How much does the organisation expect to buy and sell in a full year — total of all purchases plus all sales? (KES)

- ☐ Below 1,000,000
- ☐ 1,000,001 – 3,000,000
- ☐ 3,000,001 – 10,000,000
- ☐ 10,000,001 – 50,000,000
- ☐ Above 50,000,000

9. Who ultimately owns or controls this organisation? List every natural person who owns 10% or more (directly or indirectly) or otherwise controls the organisation — including settlors, trustees and protectors of trusts, and senior officials of NGOs or foundations.

Complete one row per Ultimate Beneficial Owner (UBO). Use a separate sheet if there are more than three.

#	Full name	ID / Passport No.	KRA PIN	Nationality	Country of residence	% held
1						
2						
3						

10. Is any director, trustee, partner, signatory, senior officer, or Ultimate Beneficial Owner a Politically Exposed Person (PEP), a family member of a PEP, or a close associate of a PEP?

☐ No

☐ Yes — (if Yes, complete the details below and attach further detail on a separate sheet)

Name of person: _____

PEP role: _____

Connection to this organisation: _____

11. In the last 5 years, has the organisation, or any director, trustee, partner, signatory or Ultimate Beneficial Owner, been: (i) convicted of any crime; (ii) sanctioned or investigated by any regulator; or (iii) appeared in adverse media publication

☐ No

☐ Yes — please describe circumstances on a separate sheet and attach to this form

RESIDENTIAL ADDRESS

Individuals

	Signatory 1	Signatory 2
Physical Address		
Estate/House No:		
Occupation & Employer		
Institutions		
Physical Address		
Nature of Business and Industry		

FATCA:

(Please Fill in Appropriate W-9 or W-8BEN Form)

Foreign Account Tax Compliance Act (FACTA)

1. Are you a U.S Resident?	Y	N
2. Are you a U.S Citizen?	Y	N
3. Are you holding a U.S Permanent Resident Card (Green Card)?	Y	N
4. Were you born in the U.S?	Y	N
5. Have you granted power of attorney or signatory authority to a person with a U.S address?	Y	N
6. Do you have a U.S residential address?	Y	N
7. Do you have correspondence, C/O or hold mail address in the U.S?	Y	N
8. Do you have a standing order to a U.S Bank Account?	Y	N
9. Do you have a U.S telephone number?	Y	N
10. Are you FACTA compliant?	Y	N

COMMON REPORTING STANDARD (CRS) INDIVIDUAL/ENTITY SELF CERTIFICATION –(Pursuant to the Common Reporting Standard Regulations, 2023)

Are you or the Company/ Organization registered for tax purposes in any other Country ☐ Yes ☐ No
If "YES", Please provide your Tax Identification Number (TIN) for each Country (or reason why none has been issued)

Country of Residence	Tax Identification Number (TIN)

Reason why Tax Identification Number is not available

DECLARATION:

I/We the undersigned hereby confirm that I/We have read the KCB Investment Bank's Terms and Conditions accessed on our website https://ke.kcbgroup.com/images/KCBIB/KCB_IB_CDS_TERMS__CONDITIONS.pdf for us hereby signify my/our acceptance of these Terms and Conditions:

Name(s)	**Signature (s)**
1. _____	1. _____
2. _____	2. _____
2. _____	2. _____
4. _____	4. _____