CDS 1	
Code	Serial No.

Passport size colour photo

CENTRAL DEPOSITORY & SETTLEMENT CORPORATION LIMITED

10th FLOOR, NATION CENTRE, 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)

Joint Account

Yes	No

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

Are You Tax Exempt?

Yes	No

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

Names in Block Letters

Surname (Mr. /Mrs./Dr./Prof. /Hon. Other .....)		
Other Names		
Company/Business Name (if client is a company, society or other organization)		
Address		
Date of Birth/Incorporation (as applicable)		
Telephone Number(s)		
Fax Number		
Email Address		
Nationality		
ID/Passport/Reg. No. (For company, business, etc)		
Client Category (Tick as Applicable)	**Local Individual (LI), Local Company (LC), Foreign Individual (FI) Foreign Company (FC), E.A. Investor (EI) E.A Company (EC)**	
Dividend Disposal preference	**( ) by bank, please give details below**	**( ) By Cheque** **Tick Where applicable**
Bank Details	**Bank** **Branch** **Account No.**	

DECLARATION:

We/I hereby:

(i) Request to open and maintain a Securities Account in my/our name/ change particulars in my/our Securities Accounts as indicated above (delete as appropriate)

(ii) Affirm that all information in this form is correct.

(iii)Undertake to notify my CDA any change of particulars or information provided by me/us in this form.

Name(s) Signature(s)

1. ..... 1. .....

2. ..... 2. .....

3. ..... 3. .....

4. ..... 4. .....

(Securities Account Holder's Authorized Signatory/Seal for Companies) Date...../...../.....

For CDA s use only

Witnessed and Verified by: ..... Authorized by: .....

Name: ..... Name: .....

Designation: ..... Designation: .....

Date: ..... Date: .....

Company Stamp

Test Question & Answer (Only on Original)

(White Copy - CDA, Blue Copy - Client)