





Thank you for choosing African Alliance Private Client Services.

Our aim is to offer you individual and personal service backed by efficient administration. Our advice is based on your financial needs and should you choose to use our discretionary portfolio management services, we will manage your account taking into account your risk profile and your requirements for income and capital appreciation.

We would appreciate it if you could provide us with some details that will help us manage your account more efficiently.

### **Section 1: Particulars Schedule**

To be completed and signed by all clients

### **Section 2: Standard Terms of Business**

To be read and understood by all clients

### **Fee Schedule**

Please retain and read

Please initial at the bottom of each page and at the side of any additions or alterations.

## SECTION 1: PARTICULARS SCHEDULE

### A: Account Holder Details

1. Surname																															
2. First Name(s)																									Title						
3. Postal Address																															
																									Code						
4. Residential Address																															
																									Code						
5. Telephone (H)																															
6. Telephone (W)																															
7. Facsimile																															
8. Cell																															
9. Email																															
10. Date of Birth	<input type="text"/> / <input type="text"/> / <input type="text"/>																														
	D	D	M	M	Y	Y	Y	Y																							
11. Identity / Passport Number (Please tick appropriate box) - Identity number must be supplied for a Uganda resident																															
	ID Number	<input type="checkbox"/>	Passport Number	<input type="checkbox"/>	Identity/Passport Number																										

### B: Residence Status of Account Holder

1. Country of Residence	Uganda	<input type="checkbox"/>	Non-resident	<input type="checkbox"/>										
2. Nationality														
3. Country of Residence if Non-Uganda Resident														

### C: Account Holder - Settlement Bank Account Details

1. Bank Name																															
2. Branch Name																															
3. Account Number																									Branch Code						
4. Account Name																															

**PARTICULARS SCHEDULE CONT.**

**D: Details of Third Party(ies) Authorised to operate the Account (if applicable)**

Please complete a Particulars Schedule for each person listed below

1. Authority

(a) Full legal name

(b) Please supply documentary proof of authority to open and/or operate the Account (e.g. Power of attorney)

2. Authority

(a) Full legal name

(b) Please supply documentary proof of authority to open and/or operate the Account (e.g. Power of attorney)

3. Authority

(a) Full legal name

(b) Please supply documentary proof of authority to open and/or operate the Account (e.g. Power of attorney)

**E: Services Required**

Execution only

Statement

Email (preferred option)  Post  Fax

**F: Next of Kin**

1. Surname

2. First Name  Title

3. Other Name(s)

4. Relationship with Account Holder

5. Telephone (H)

6. Telephone (M)

7. Email

8. ID Type  9. ID No.

**G: Account Information**

If you have had previous dealing with the African Alliance Group, please provide us with the following information:

Name of employee

Division / Company

Nature of previous dealings

## PARTICULARS SCHEDULE CONT.

### H: Money Laundering Verification

African Alliance supports the Financial Action Task Force on Money Laundering (FATF) policies and procedures and as such is required to establish the true identity and authority of its Clients. In accordance with these policies and procedures we require the following documents with your application.

#### *Natural persons*

- Identification document eg. ID book, valid passport, original drivers licence; and

#### *Minor Child*

- Birth certificate of the child; and
- Letter confirming legal guardianship (if applicable); and
- All documents as per natural person for the guardian or parent.

#### *Trust*

- Letters of Authority signed by the Court; and
- Trust deed or other founding document; and
- Resolution specifying who is authorised to act on behalf of the Trust; and
- Identification document(s) of the person(s) authorised to act on behalf of the Trust; and
- Identification documents of all the trustees and beneficiaries; and
- Identification document of the founder of the Trust.

#### *Company*

- Certificate of Incorporation; and
- Notice of Registered Office and Postal Address; and
- Identification document(s) of the person(s) managing the Company; and
- Resolution specifying who is authorised to act on behalf of the Company; and
- Identification document(s) of the person(s) authorised to act on behalf of the Company; and

#### *Partnerships*

- Partnership agreement; and
- Identification documents of the natural persons who are partners e.g. ID book, valid passport, original drivers licence; and
- Resolution specifying who is authorised to act on behalf of the Partnership; and
- Identification document(s) of the person(s) authorised to act on behalf of the Partnership.

#### *Other legal persons as defined by law*

- Founding statement or formal letterhead; and
- Resolution specifying who is authorised to act on behalf of the entity; and
- Identification documents of the person(s) authorised to act on behalf of the entity.

We carry out certain checks as confirmation of identity. If we are unable to obtain confirmation of your name from these checks, then we may require additional documentation to that listed above. Please note that any service that you have selected only becomes fully operational upon receipt of the appropriate documents.

PARTICULARS SCHEDULE CONT.

**J. Client Risk Assessment and Investment Objectives**

Dear Client, African Alliance is committed to giving you, our client, service and advice that best fits your needs and objectives. The following form has been tailored to assess your risk profile and appetite, investment knowledge and investment objectives.

It is important that your responses are accurate and complete as this will be a useful guide to you in terms of your investment decisions.

**1. Investment Knowledge:**

How would you rate the your knowledge of the

- Know very little
- Average, interested but inexperienced
- Good, but have never actively invested
- Experienced investor

**2. Rate your Risk Appetite:**

- Low (Minimum losses only.)
- Low to Medium (Willing to have unrealized losses of up to 15 %.)
- Medium to High (Willing to have unrealized losses of up to 25 %.)
- High (Unlimited loss of capital to potentially maximize capital gains.)

**3. The source of funds for your Investments:**

- Salary
- Savings
- Other (please specify)\_\_\_\_\_

**4. Period you wish to invest for:**

- Short Term (0 to 12 Months)
- Medium Term (1 yr to 5 yrs)
- Long Term (longer than 5 yrs)

**5. Investment Objectives:**

- Salary Supplementation
- Retirement security
- Other (please specify)\_\_\_\_\_

**PARTICULARS SCHEDULE CONT.**

**K: Declaration**

The client acknowledges that all the above details are correct. The client undertakes to abide by the rules and directives of the Uganda Securities Exchange, the Capital Markets Act or any replacement act or acts and any relevant conditions promulgated under such acts, and acknowledges that all dealings are subject to the rules, directives, practice and usage of the relevant exchange or market. The client will advise African Alliance of any changes to the above details contained in the particulars schedule. The client acknowledges that the client has read and understood the standard terms of business and all the relevant obligation and risk disclosure statements (where applicable).

The client acknowledges that the funds and the source of such funds are legitimate and not directly or indirectly the proceeds of any unlawful activity.

**Important: If there is anything you do not understand in any of the documents please contact us before signing**

Signed at 

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 on the 

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 day of 

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For: Client duly authorised thereto.  
(If the Account Holder does not have legal capacity, signature of legal guardian is required)

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For: Client duly authorised thereto.  
(If the Account Holder does not have legal capacity, signature of legal guardian is required)

**CHECKLIST**

1. All Clients must provide us with their full names.
2. The client must provide us either their postal address or residential address at the least.
3. Has the client provided us with their PHONE numbers?
4. Has the client provided us with their e-mail address?
5. Has the client provided us with a valid I.D, passport, driver's license or voter's card?
6. Has the client provided us his Settlement Bank Account details?
7. Has he ticked the "Execution only" option?
8. Has the client signed the form on the last page within the space provided?
9. Does the client have an agent?
10. Has the client's broker know number be written on the form?

YES	NO

**African Alliance Uganda Securities  
A Division of African Alliance Uganda Limited**

1 <sup>st</sup> Floor	Bank Account Name:	African Alliance Uganda Securities Clients Account
Workers House	Bank:	Stanbic Bank Uganda
1 Pilkington Road	Branch:	Kampala
Kampala	Swift Code:	SBIC UGKX
Uganda	Account Number:	0140059582903

L. Client Account Opening Form Annexure 1: Email Mandate

Dear [Mr/Mrs/Ms \_\_\_\_\_ ]

You are kindly requested to complete this Email Mandate form which shall give African Alliance Uganda Limited ("AAUL") authority to accept and execute email orders received from you in the instance that you are not able to visit our offices to complete a sell/buy order.

Where instructions are sent to us via electronic mail, AAUL and/or its agents give no guarantee as to the timeliness or execution of those instructions. AAUL undertakes to act promptly with due care and diligence. You hereby request and authorize AAUL to act, to rely and act upon any such instructions which may from time to time be, or purport to be given by you or in your name.

You should be aware that email is not a secure medium and that any instructions received by us purported to be from you by email will be actioned. AAUL shall have no obligation to verify the authenticity of any instruction sent to us by email. AAUL will not be held liable to you or to any other person for or in respect of any direct, indirect consequential damage, expense, loss or cost of any kind or nature, arising from an instruction sent or received email, whether or not as a result of delay, data destruction, system malfunction, interruption of communication links or provider service, or any similar problem over which AAUL has no control. You should therefore not assume that any email has been received by us and/or actioned unless you receive either an email and/or telephone call acknowledging our receipt. You acknowledge and accept that generally it will not be possible to cancel or revise an electronic instruction after it has been given. You furthermore acknowledge and agree that there are risks of misunderstanding, error and fraud in any communication by electronic medium and that such risks shall be borne by you unless caused by the deliberate and proven default of the directors, officers or employees of AAUL.

Please note that you will need to print off an AAUL Buy/Sell Order form (available electronically upon request), complete it, scan, sign and send back to AAUL to the following email address: [securities@africanalliance.co.ug](mailto:securities@africanalliance.co.ug)

Client Name .....

Email Address.....

Tel/Cell-phone No.....

P.O Box No.....



Client Account Opening Form Annexure 1: Email Mandate cont.

SCD Account No. ....

BK Account No.....

Date \_\_\_\_\_ Signature\_\_\_\_\_

*Witnessed by African Alliance Uganda representative:*

Name: \_\_\_\_\_

Signed: \_\_\_\_\_

Date: \_\_\_\_\_