



ACCOUNT UPDATING FORM- INDIVIDUAL

Account type (tick appropriately)

Individuals

Joint Account Holders

I/We intend to open an investment account and undertake to comply, observe and be bound by the Terms and Conditions in force and as amended from time to time pertaining such accounts.

First Applicant				
Full Names (as per ID/Passport No)*			CDS NO	
ID/Passport No*	Nationality		Date of Birth*	
Postal Address*	Postal Code*		Town*	
County(Where Applicable)/Nationality	Mobile No.		Physical Address of Residential Area*	
C/O (Where Applicable)	Personal Email Address			
	Resident Country		Occupation/Business*	
Next of Kin- Name	Postal Address	Code	Town	Mobile No

Second Applicant				
Full Names (as per ID/Passport No)*				
ID/Passport No*	Nationality		Date of Birth*	
Postal Address*	Postal Code*		Town*	
County(Where Applicable)	Mobile No.		Physical Address of Residential Area*	
C/O (Where Applicable)	Personal Email Address			
	Resident Country		Occupation/Business*	
Next of Kin -Name	Postal Address	Code	Town	Telephone no

Bank Account Details		
Account Name	Bank Name	Sort Code
Account Number	Branch	Country

First Applicant _____ Second Applicant _____

CDS 1

Code
Serial
No.



CENTRAL DEPOSITORY & SETTLEMENT CORPORATION
Invested in Progress

Colour photo

10th FLOOR, NATION CENTRE, P.O. BOX 3464 00100, GPO NAIROBI, KENYA,
Tel: 020-2912000; FAX 2229405, www.cdsckenya.com

(TO BE COMPLETED IN DUPLICATE)

SECURITIES ACCOUNT OPENING/MAINTENANCE FORM

Joint Account

Yes No

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

NEW or EXISTING CDS Account Number

CDA Code

Account Number

Client type

[Grid for CDA Code]

[Grid for Account Number]

[Grid for Client type]

Are You Tax Exempt?

Yes No

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

Names in Block Letters

Table with fields: Surname, Other Names, Company/Business Name, ID/Passport/Reg. No., PIN No., Address, Postal Code, Telephone Number(s), Fax Number, Email Address, Town, Date of Birth/Incorporation, Country of Residence, Source of funds, Nationality, Next of Kin (Name, Phone Number, E-mail Address, Relationship), Client Category, Dividend Disposal preference, Bank Details (Bank, Branch, Account No.).

DECLARATION:

I/We 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 use only

Witnessed and Verified by:

Authorized by:

Name:

Name:

Designation:

Designation:

Date:

Date:

Company Stamp

[Stamp box]

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. Find the Terms & Conditions at: www.cdsckenya.com

SMS Services

Online Account Services

Email Account Services