

CYTONN AFRICA FINANCIAL SERVICES FUND (CAFF)

INVESTMENT APPLICATION FORM

TRUSTEE

NATBANK TRUSTEE & INVESTMENT SERVICES LIMITED

FUND MANAGER



CUSTODIAN

SBM BANK (KENYA) LIMITED

Cytonn Asset Managers Limited P.O. Box 20695 - 00200 Nairobi

1. CLIENT DETAILS

INDIVIDUAL APPLICANTS A. (i) Personal Information Title Other (specify) Mr Ms Mrs Surname First name Middle name Date of birth Gender: Female Male ID No / Passport No. PIN No. (ii) Contact Details Country of residence Nationality Email Mobile No. Postal address Code Town Residential address Physical location (street/building/estate) Select your preferred mode of contact: Email (free) Post (At Cost) (iii) Employment Information **Employed** Self Employed Unemployed Retired Employment status: Other (please specify) If employed, please state the information below: Present occupation Employer's address Employer's name If self-employed, please state the business sector in which you operate: **Corporate Subscriber Information** A. II (i) Nature of Corporate Subscriber Other (please specify) Fund Trust Company (ii) Subscriber Corporate Details Telephone Registered name Email Trade name Office building/floor Registered address Company PIN No. Registration No.

Select your preferred	mode of contact: Email (free) Post (At Cost)							
В.	JOINT SUBSCRIBER DETAILS (If applicable)							
(i) Personal Infom	ation							
Title	Mr Ms Other (please specify)							
Surname								
First name								
Middle name								
Date of birth	D D M M Y Y Y Y Gender: Female Male							
ID No / Passport No.	PIN No.							
(ii) Contact Details								
Country of residence	Nationality Nationality							
Email								
Mobile No.								
Postal address	Code Town							
Residential address								
Physical location (street/ building/estate)								
Share of Returns from Ir	vestments: % Joint Holder 1 % Joint Holder 2 % Joint Holder 3							
Select your preferred	mode of contact: Email (free) Post (At Cost)							
= 1	· ··							
(iii) Employment II	Employed Self Employed Unemployed Retired							
Employment status:	Other (please specify)							
If amployed please sta	te the information below:							
Present occupation	Le the information below.							
Employer's name	Employer's address							
	If self-employed, please state the business sector in which you operate:							
2. SOURCES OF FU	which the applicant's wealth is mainly derived							
Dividends / Interest	Salary Gift Loan							
Maturing Investments	Pension Savings Inheritance							
Sale or Shares	Rental Income / property Sale Lottery / betting							
Other (please specify)								

3. CLIENT'S BANK DETAILS

Residential address

(Payments to third party bank accounts are not allowed. Payments can only be paid into the name of the client)

		•		•	
SUBSCRIBER PAYMEN	IT & BANK INFORMA	ATION (PLEASE PROVI	DE YOUR BANK INFORMATION	N BELOW)	
Account name					
Account number					
Bank & Branch					
Clearing code			Swift code		
4. BANK ACCOUN	T DETAILS				
Cytonn Asset Managers	s Ltd. accepts perso	nal/corporate, bankers	cheques and M-pesa PayBill		
ACCOUNT NAME		ACCOUNT NO.	BANK & BRANCH	SWIFT CODE	BRANCH CODE
Cytonn Africa Financial S Collection Account	Services Fund-	0082378413001	SBM Bank (Kenya) Limited Branch - Riverside	SBMKKENA	008
E INVESTMENT DE	TAU C				
5 . INVESTMENT DE	ETAILS				
NAME OF FUND		CURRENCY	MINIMUM INITIAL INVES	STMENT INVI	ESTMENT AMOUNT
Cytonn Africa Financial S	Services Fund	KES	1,000,000		
Total Amount Invested					
Total amount in words	5				
6. CONTACT DETA	AILS (NEXT CONTACT PERS	ON IF INVESTOR IS UNREACHABL	E)		
Contact person (I)					
Full name					
Mobile No.					
Postal address		Code	Town		
Email					
Physical location (street/ building/estate)					
7. GIFTS /TRANSFI	ER TO MINOR				
AS CUSTODY FOR					
Minor's Name					
Date of birth	D D M M Y	YYY			
Postal address		Code	Town		

Contact pe	rson (II)																														
Full name																															
Mobile No.																															
Postal address									1	Coc	de								Tov	/n						T	T	T			
Email																											T				
8. EMAIL IN	IDEMNI ⁻	ΓY																	·												
Would you like			with a	an e	mai	l ind	lem	nitv	. to	ena	able	e us	rec	eive	e vo	ur i	nstr	uct	ions	via	em	ail?	,								
YES	NO							,	,						, -																
If yes, please in	L	our pre	effere	d en	nail	addı	ress																								
											- 6 -	11 6		4:41~	al +a					منا ا	4:		al a 101		d a						
By signing belo as fully authoriz																	eat s	ucr	ı em	ali r	10110	ce, i	aem	iano	or or	otn	er c	omi	mun	icai	ion
Signature																															
9. GENERA	L DETA	ILS (F	PLEA	SE ⁻	TIC	< W	HE	RE ,	APF	PLIC	CAE	3LE	≣)																		
Have you prev	iously in	vested	l in Uı	nit T	rust	Fun	ıds?				Ye	s			No																
If yes how was	your exp	oerien	ce?			F	Posit	ive				Ne	egati	ve																	
10. RISK PI		0		۸				. 1.4	-1 (11	10 A	MI	W. I.	1-			41-								- 11 -	Ale es		•••				
This questions personal risk p	rofile. Y	our a	nswe	rs to	the	e qu	esti	ons	be	low	on																			wh	ich
may or may no 1. Which age g		•				sk to	olera	ance	e le	vel.																					
		you b								c					7																
a) 25 and b	elow		c) 3			L		e) 5	6 ar	na a	abo	ve																		
b) 26 to 35			d) 4	6 10	55																										
2. How long is	your inv	estme	nt tim	ne h	orizo	on?																									
a) Less than	n 3 years				c)	6 y	ear:	s to	les	s th	an '	10 y	/ears	5		e)	15	yea	ırs a	nd a	abov	ve									
b) 3 years to	o less tha	an 6 ye	ears		d)	10	yea	rs to	o les	ss th	nan	15	yeaı	ſS																	
3. How long is	your inv	estme	nt exp	peri	ence	e in t	finaı	ncia	ıl pr	odu	ıcts	(e.	g. ur	nit tr	usts	s, st	ock	s, b	ond	s an	ıd m	one	ey n	nark	et)?						
a) No expe	rience at	all	С) 1 y	/ear	to le	ess	thar	n 3 y	yeaı	rs			e)	5 y	ear	's ar	nd a	abov	е											
b) Less than	n 1 year		d) 3	year	rs to	les	s th	an 5	5 уе	ars											1									
4. What is the	average	perce	 ntage	of v	vour	afte	er-ta	x in	con	ne t	hat	cai	n be	allo	we	d fo	or sa	vin	a or	inve	estn	ıen	t?								
a) Less than) 21%				_			anc									9												
b) 10% to 20) 31%					- ,	31 70	arre			_																		
5. How many r	nonths o	f your	norm	al e	xpei	nses	car	ı be	e co	vere	ed I	۷ VC	our/	liqu	ıid a	isse	ets (e	e.g.	cas	h ar	nd a	sse	ts e	asilv	/ COI	nve	rtec	d int	o ca	sh)	in
case of an u		•															,	J.						•						,	
a) Less thar	n 3 month	าร				c') 6 ı	mor	nths	to I	ess	tha	an 12	2 ma	onth	ıs			e) 2	4 m	ontl	hs a	and	abo	ve	Г					
b) 3 months			mont	hs]							nan 2																		

a) I cannot put up	with any price fluo	ctuation				
b) I can only put u	p with little price f	luctuation and wish	to have earnings sli	ightly higher than b	ank deposit rates	
c) I can put up wit	h some price fluct	uation and wish to h	ave earnings much	better than bank d	leposit rates	
d) I can put up wit	h a high degree o	f price fluctuation ar	nd wish to have ear	nings comparable t	o stock market indic	es
e) I can put up wit	h any price fluctua	ation and wish to hav	ve earnings higher t	than stock market i	ndices	
Question	a)	b)	c)	d)	e)	Points
1	7	7	5	3	1	
2	1	3	5	7	7	
3	1	2	3	4	5	
4	1	2	3	4	5	
5	1	2	3	4	5	
6	1	3	5	7	7	
Risk Score	General R	isk Profile	Your Score	You	r Appropriate Portfo	olio
Upto 14	Conse	rvative	5	0% Eq	uity, 100% Money M	arket
15 - 20	Mode	erate	5	60% E	quity, 40% Money M	arket
21 & above	Aggre	essive	3	70% E	quity, 30% Money M	arket
If you feel the Risk Pro Profile and sign accor Conservative Disclaimer: This risk profile que solicitation for an of the accuracy or con	Moderate stionnaire and the fer to purchase appleteness of the	Aggressive ne results should i	not be regarded a oducts or service	as investment adv s. CAML accepts	rice or an offer to s no responsibility (ell, or a or liability as to
substitute for profes						
Authorized signatory 1	: NAME		SIGNATURE		DATE	
Authorized signatory 2						
Authorized signatory 3						
Signing mandate:	All	Ei	ther/Or	At least two signat	ories	
11. GENERAL TE	RMS AND CONI	DITIONS				
Units are traded at the Capital Marke relevant Trust De	ets (Collective In ed.	vestment Scheme			anagers Limited ir and conditions se	

6. Which statement best describes your general attitude towards financial investments?

- 3. Completed application forms and notification of deposits/cleared funds must be received for the investment to be executed. Subscriptions monies in cleared funds received will be dealt with on the next Dealing Day.
- 4. The investor and/or his/her financial advisor shall at all times be responsible for ensuring that the unit trust and its representatives receive any instructions from the investor and/or financial advisor, whether by facsimile or mail, and that such instructions are complete and correct in all respects.
- 5. Investors are reminded that in certain specified circumstances their right to redeem their units may be suspended.
- 6. No third-party cheques are allowed. Payments made by a third party on behalf of an investor will need to be supported by further documentation.
- 7. Once an account has been opened, a statement of investment will be sent by post or e-mail to the investor on a monthly
- 8. All transaction charges on purchasing securities shall be borne by the Fund and not the Fund Manager.

12. DECLARATION

- 1. The information provided in this application is true, correct and accurate and that, the money used for this investment does not arise out of the proceeds of any money laundering or other illicit activities.
- 2. I/We confirm that, where this information is signed in a representative capacity, I/we have the necessary authority to do so
- 3. I/We hereby consent to Cytonn Asset Managers Limited verifying the information provided with others.
- 4. I/We have read the prospectus for the fund and agree to the terms.
- 5. I/We confirm that my/our application to subscribe to units in the particular Cytonn Africa Financial Services Fund (CAFF) through this application is made on the basis and terms of the conditions contained in the prospectus.
- 6. I/We agree to accept the number of units bought by virtue of this application and warrant that I/we have full power and authority to enter into and conclude this transaction.
- 7. I/we confirm that the units are not being acquired either directly or indirectly by or on behalf of any person restricted by law of any relevant jurisdiction from acquiring the units.
- 8. I/We authorize Cytonn Asset Managers Limited to act upon instructions by fax and/or email without liability in respect of any transfer, payment or other act done in accordance with such instructions and notwithstanding that it shall be shown the same was not signed or sent by me/us.
- 9. Upon receipt, I/we shall review all statements and will notify you immediately if there is a discrepancy.
- 10. I/We consent to the disclosure of this information for compliance purposes within the Cytonn Asset Managers Limited or its agents and the necessary regulators and government agencies.
- 11. I/We have read and fully understand the funds' objectives, risk levels, income distribution and all charges as set out in the funds fact sheets and the information memorandum.

13. SIGNING MANDATE

I/We confirm that the information given above is true to the best of our knowledge. By signing this form, I/We confirm that I/We have read, understood and agree to be bound by the terms and conditions, tariffs in force, copy of which has been availed to me/us.

SPECIMEN SIGNATURES:	NAME	SIGNATURE	DATE
Authorized signatory 1			
Authorized signatory 2			
Authorized signatory 3			
Signing mandate:	All	ner/Or At least two signatories	
14. KYC DOCUMENTS	S TO BE ATTACHED		
(i) Documents to be p	rovided FOR INDIVIDUALS		
1. KYC Documents:			
i. Copy of ID or Passpor	t	Comments	
ii. Copy of PIN (TAX) cer	tificate	Comments	
iii. Copy of tax exemption	n certificate (where applicable)	Comments	

2. Proof of banking details shall be any of the following:

- RTGS, EFT or any other Electronic Funds Transfer instructions document containing your bank details or
- Cheque or
- Bank Statement (not more than 3 months old) or
- Certified letter confirming bank account details.

(ii) Documents to be provided FOR CORPORATES:		
1. Founding Documents:		
i. Companies - Certificate of Incorporation or		Comments
ii. Partnership - Partnership Agreement or		Comments
iii. Other legal entities - Constitution or other founding documents		Comments
2. Other Documents:		
 Resolution mandate authorizing the investment by the entity, officers authorized to transact on behalf of the entity and their signing mandate. 		Comments
ii. Companies - Certificate of Incorporation or		Comments
iii. Copy of PIN (TAX) certificate		Comments
iv. Copy of tax exemption certificate (where applicable)		Comments
3. Documents from Authorized Representative:		
i. Copy of ID or Passport		Comments
4. Proof of banking details shall be any of the following:		
 RTGS, EFT or any other Electronic Funds Transfer instructions doe Cheque or Bank Statement (not more than 3 months old) or Certified letter confirming bank account details. 	cument cor	ntaining your bank details or
15. FINANCIAL ADVISOR DETAILS (For internal use)		
I confirm that all the above documents (where applicable) have been	n attached.	
Name		
Branch		Telephone
Signature		Date
Duly authorized to execute this Agreement for and on behalf of: CY	TONN ASS	ET MANAGERS LIMITED ;
Administrator's signature	Date	

Cytonn Asset Managers Limited P.O. Box 20695 - 00200 Nairobi