



CYTONN UNIT TRUST  
**INVESTMENT APPLICATION FORM**

TRUSTEE

**CO-OPERATIVE BANK  
OF KENYA LIMITED**

FUND MANAGER



CUSTODIAN

**KCB BANK KENYA  
LIMITED**

---

# 1. CLIENT DETAILS

## A. INDIVIDUAL APPLICANTS

### (i) Personal Information

Title Mr  Ms  Mrs  Other (specify)

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

Employment status: Employed  Self Employed  Unemployed  Retired

Other (please specify)

If employed, please state the information below:

Present occupation

Employer's name  Employer's address

If self-employed, please state the business sector in which you operate:

## A. II Corporate Subscriber Information

### (i) Nature of Corporate Subscriber

Company  Trust  Fund  Other (please specify)

### (ii) Subscriber Corporate Details

Registered name  Telephone

Trade name  Email

Registered address  Office building/floor

Registration No.  Company PIN No.

Select your preferred mode of contact: Email (free)

Post (At Cost)

**B. JOINT SUBSCRIBER DETAILS (If applicable)**

**(i) Personal Information**

Title Mr  Ms  Mrs  Other (please specify)

Surname

Middle name

Last 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)

Share of Returns from Investments:  % Joint Holder 1  % Joint Holder 2  % Joint Holder 3

Select your preferred mode of contact: Email (free)

Post (At Cost)

**(iii) Employment Information**

Employment status: Employed  Self Employed  Unemployed  Retired

Other (please specify)

If employed, please state the information below:

Present occupation

Employer's name  Employer's address

If self-employed, please state the business sector in which you operate:

**2. SOURCES OF FUNDS**

State the sources from 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

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

#### SUBSCRIBER PAYMENT & BANK INFORMATION (PLEASE PROVIDE YOUR BANK INFORMATION BELOW)

Account name	<input type="text"/>																													
Account number	<input type="text"/>																													
Bank & Branch	<input type="text"/>																													
Clearing code	<input type="text"/>										Swift code	<input type="text"/>																		

### 4. BANK ACCOUNT DETAILS

Cytonn Asset Managers Ltd. accepts personal/corporate, bankers cheques and M-pesa PayBill payable to the CYTONN UNIT TRUST COLLECTION. The bank account and M-pesa PayBill details are as listed below.

ACCOUNT NAME	ACCOUNT NO.	BANK & BRANCH	CLEARING CODE
Cytonn Unit Trust Collection A/C	1222 1595 46	KCB BANK KENYA LIMITED KCB CUSTODY or KCB INVESTOR SERVICES	01133

#### For M-pesa PayBill

PAYBILL BUSINESS NO	PAYBILL ACCOUNT NO
597745	(Clients name for first time remittance after which the client is to use client code as will be assigned)

### 5. INVESTMENT DETAILS

(Minimum investment amount is Kshs.5000 for each of the Cytonn Unit Trust Funds)

NAME OF FUND	KSHS
Money Market Fund	<input type="text"/>
Balanced Fund	<input type="text"/>
Equity Fund	<input type="text"/>
<b>Total Amount Invested</b>	<input type="text"/>

Total amount in words

### 6. CONTACT DETAILS (NEXT CONTACT PERSON IF INVESTOR IS UNREACHABLE)

#### Contact person (I)

Full name	<input type="text"/>																													
Mobile No.	<input type="text"/>																													
Postal address	<input type="text"/>										Code	<input type="text"/>					Town	<input type="text"/>												
Email	<input type="text"/>																													

#### Contact person (II)

Full name	<input type="text"/>																													
Mobile No.	<input type="text"/>																													
Postal address	<input type="text"/>										Code	<input type="text"/>					Town	<input type="text"/>												
Email	<input type="text"/>																													

## 7. EMAIL INDEMNITY

Would you like to provide us with an email indemnity, to enable us receive your instructions via email?

YES  NO

If yes, please indicate your preferred email address

By signing below, I understand that Cytonn Asset Managers shall be entitled to treat such email notice, demand or other communication as fully authorized by and binding upon the Investor and Cytonn Asset Managers.

Signature

## 8. GENERAL DETAILS (PLEASE TICK WHERE APPLICABLE)

Have you previously invested in Unit Trust Funds? Yes  No

If yes how was your experience? Positive  Negative

## 10. RISK PROFILE

This questionnaire helps Cytonn Asset Managers Ltd. ("CAML") to determine the most appropriate portfolio that suits your personal risk profile. Your answers to the questions below only provide some indications of your general personal risk profile which may or may not accurately reflect your risk tolerance level.

1. Which age group do you belong to?

- a) 25 and below  c) 36 to 45  e) 56 and above   
b) 26 to 35  d) 46 to 55

2. How long is your investment time horizon?

- a) Less than 3 years  c) 6 years to less than 10 years  e) 15 years and above   
b) 3 years to less than 6 years  d) 10 years to less than 15 years

3. How long is your investment experience in financial products (e.g. unit trusts, stocks, bonds and money market)?

- a) No experience at all  c) 1 year to less than 3 years  e) 5 years and above   
b) Less than 1 year  d) 3 years to less than 5 years

4. What is the average percentage of your after-tax income that can be allowed for saving or investment?

- a) Less than 10%  c) 21% to 30%  e) 51% and above   
b) 10% to 20%  d) 31% to 50%

5. How many months of your normal expenses can be covered by your liquid assets (e.g. cash and assets easily converted into cash) in case of an unexpected event?

- a) Less than 3 months  c) 6 months to less than 12 months  e) 24 months and above   
b) 3 months to less than 6 months  d) 12 months to less than 24 months

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

- a) I cannot put up with any price fluctuation   
b) I can only put up with little price fluctuation and wish to have earnings slightly higher than bank deposit rates   
c) I can put up with some price fluctuation and wish to have earnings much better than bank deposit rates   
d) I can put up with a high degree of price fluctuation and wish to have earnings comparable to stock market indices   
e) I can put up with any price fluctuation and wish to have earnings higher than stock market indices

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 Risk Profile	Your Score	Your Appropriate Portfolio
<b>Upto 14</b>	Conservative	5	0% Equity, 100% Money Market
<b>15 - 20</b>	Moderate	5	60% Equity, 40% Money Market
<b>21 &amp; above</b>	Aggressive	3	70% Equity, 30% Money Market

If you feel the Risk Profile above, based on your Risk Score, does not truly reflect your Risk Tolerance, please tick your preferred Risk Profile and sign accordingly.

Conservative  Moderate  Aggressive

**Disclaimer:**

This risk profile questionnaire and the results should not be regarded as investment advice or an offer to sell, or a solicitation for an offer to purchase any investment products or services. CAML accepts no responsibility or liability as to the accuracy or completeness of the information provided in this questionnaire and the results. This questionnaire is not a substitute for professional advice.

SPECIMEN SIGNATURES:	NAME	SIGNATURE	DATE
Authorized signatory 1			
Authorized signatory 2			
Authorized signatory 3			

Signing mandate:  All  Either/Or  At least two signatories

**11. GENERAL TERMS AND CONDITIONS**

- Units are traded at the daily ruling prices and will be repurchased by Cytonn Asset Managers Limited in accordance with the Capital Markets (Collective Investment Schemes) Regulations, 2001 and on terms and conditions set out in the relevant Trust Deed.
- Unit prices may go up as well as down.
- 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.
- 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.
- Investors are reminded that in certain specified circumstances their right to redeem their units may be suspended.
- 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.
- Once an account has been opened, a statement of investment will be sent by post or e-mail to the investor on a monthly basis.
- 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 each fund selected in Section 5 and agree to the terms of each.
5. I/We confirm that my/our application to subscribe to units in the particular Cytonn Unit Trust Fund 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  Either/Or  At least two signatories

## 14. KYC DOCUMENTS TO BE ATTACHED

### (i) Documents to be provided FOR INDIVIDUALS

#### 1. KYC Documents:

- |   |                          |                                       |
|---|--------------------------|---------------------------------------|
| i. Copy of ID or Passport                                 | <input type="checkbox"/> | <input type="text" value="Comments"/> |
| ii. Copy of PIN (TAX) certificate                         | <input type="checkbox"/> | <input type="text" value="Comments"/> |
| iii. Copy of tax exemption certificate (where applicable) | <input type="checkbox"/> | <input type="text" value="Comments"/> |
| iv) Passport picture                                      | <input type="checkbox"/> | <input type="text" value="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
- ii. Partnership - Partnership Agreement or
- iii. Other legal entities - Constitution or other founding documents

2. Other Documents:

- i. Resolution mandate authorizing the investment by the entity, officers authorized to transact on behalf of the entity and their signing mandate.
- ii. Companies - Certificate of Incorporation or
- iii. Copy of PIN (TAX) certificate
- iv. Copy of tax exemption certificate (where applicable)

3. Documents from Authorized Representative:

- i. Copy of ID or Passport

4. 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.

**15. FINANCIAL ADVISOR DETAILS (For internal use)**

**I confirm that all the above documents (where applicable) have been attached.**

Name

Branch  Telephone

Signature  Date

**Duly authorized to execute this Agreement for and on behalf of: CYTONN ASSET MANAGERS LIMITED ;**

Administrator's signature  Date