

# CYTONN MONEY MARKET FUND (USD)

# **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

A.	INDIVIDUAL APPLICANTS						
(i) Personal Informa	ition						
Title	Mr Ms Other (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)							
Select your preferred	mode of contact: Email (free) Post (At Cost)						
(iii) Employment Inf	formation						
Employment status:	Employed Self Employed Unemployed Retired						
	Other (please specify)						
If employed, please stat	te 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 Tru	st Fund Other (please specify)						
(ii) Subscriber Cor	porate Details						
Registered name	Telephone						
Trade name	Email Email						
Registered address	Office building/floor						
Registration No.	Company PIN 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	% Joint Holder 3 % Joint Holder 3							
C-1t	Dest/At Cost)							
Select your preferred	mode of contact: Email (free) Post (At Cost)							
(iii) Employment li	nformation							
Employment status:	Employed Self Employed Unemployed Retired							
	Other (please specify)							
If employed, please sta	te 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 F	JNDS							
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 PAYMEN	NT & I	BANK	INF	ORM	IAT	ION	(PLI	EAS	SE PR	OVI	DE	YOL	IR BA	NK	INF	ORN	1ATIC	ON B	EL	OW)							
Account name																											
Account number																											
Bank & Branch																											
Clearing code															S	wift	code										
4. BANK ACCOUN	T DE	TAIL	S																								
Cytonn Asset Manager	rs Ltd	. acce	epts p	oers	ona	I/co	rpor	ate	& ba	nke	rs cl	nequ	ıes														
ACCOUNT NAME						ACC	OUN	IT NO	<b>D</b> .		BA	ANK 8	BRA	NCH					SI	<b>VIFT</b>	COL	DE		В	RAN	сн с	ODE
Cytonn Money Market F Account	und (l	JSD)- (	Collec	tion		008	2378	3419	001				ank (k - Rive			mited			SE	BMKK	ŒN	А		0	80		
5. INVESTMENT D	ETAI	LS																									
NAME OF FUND							CU	RREI	NCY					MININ	MUM	INITI	AL INV	ESTM	IEN'	r		II	NVES	<b>STM</b>	ENT	AMO	UNT
Cytonn Money Market F	und							USI								1,00											
Total Amount Invested																											
Total amount in word:	S																										
Total amount in word.																											
6. CONTACT DETA	AILS (	NEXT C	ONTAC	T PER	SON	IF INV	ESTO!	R IS (	UNREA	СНАВІ	LE)																
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Contact person (I)  Full name  Mobile No.  Postal address  Email  Physical location (street/ building/estate)  7. GIFTS /TRANSF					PSON	IF INV	/ESTO			CHABI						Tow	ın [										
Contact person (I)  Full name  Mobile No.  Postal address  Email  Physical location (street/ building/estate)  7. GIFTS /TRANSF		O MI			Y	IF INV	Y			CHABI						Tow	n										
Contact person (I)  Full name  Mobile No.  Postal address  Email  Physical location (street/ building/estate)  7. GIFTS /TRANSF  AS CUSTODY FOR  Minor's Name	ER T	O MI	NOR					Co		CHABI						Tow											

Contact person	(II)
Full name	
Mobile No.	
Postal address	Code Town
Email	
8. EMAIL INDEN	INITY
Would you like to p	rovide us with an email indemnity, to enable us receive your instructions via email?
YES NO	e your preffered email address
	understand that Cytonn Asset Managers shall be entitled to treat such email notice, demand or other communication
-	y and binding upon the Investor and Cytonn Asset Managers.
Signature	
<b>9.</b> GENERAL DE	ETAILS (PLEASE TICK WHERE APPLICABLE)
Have you previously	y invested in Unit Trust Funds? Yes No
If yes how was your	experience? Positive Negative
10. RISK PROFI	LE helps Cytonn Asset Managers Ltd. ("CAML") to determine the most appropriate portfolio that suits your
personal risk profile	e. Your answers to the questions below only provide some indications of your general personal risk profile which curately reflect your risk tolerance level.
1. Which age group	do you belong to?
a) 25 and below	c) 36 to 45
<b>b)</b> 26 to 35	d) 46 to 55
2. How long is your	investment time horizon?
a) Less than 3 ye	ears c) 6 years to less than 10 years e) 15 years and above
b) 3 years to less	s 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	e at all c) 1 year to less than 3 years e) 5 years and above
b) Less than 1 ye	ar d) 3 years to less than 5 years
4. What is the avera	age 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>b)</b> 10% to 20%	d) 31% to 50%
5. How many month	ns of your normal expenses can be covered by your liquid assets (e.g. cash and assets easily converted into cash) in
case of an unexp	ected event?
a) Less than 3 m	onths c) 6 months to less than 12 months e) 24 months and above
b) 3 months to le	ss than 6 months d) 12 months to less than 24 months

<b>b)</b> I can only put u		luctuation and wish		slightly higher than b		
d) I can put up wi	th a high degree c	f price fluctuation ar	d wish to have ea	arnings comparable to	o stock market indic	res
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		uity, 100% Money M	
15 - 20	Mod	erate	5		quity, 40% Money M	
21 & above	Aggre	essive	3	70% E	quity, 30% Money M	larket
solicitation for an o	ffer to purchase npleteness of th	any investment pr	oducts or servic	as investment adves. CAML accepts	no responsibility	or liability as to
SPECIMEN SIGNATURES	S: NAME		SIGNATURE		DATE	
Authorized signatory 1						
Authorized signatory 2	2					
Authorized signatory 3	3					
Signing mandate:	All	Eit	ther/Or	At least two signate	ories	
11. GENERAL TE	RMS AND CON	DITIONS				
1. Units are traded the Capital Mark relevant Trust De	ets (Collective In			oy Cytonn Asset Ma 2001 and on terms		

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

- 2. Unit prices may go up as well as down.
- 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
- 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 Money Market Fund (USD) 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 Eith	her/Or At least two signatories	
14. KYC DOCUMENTS	TO BE ATTACHED		
(i) Documents to be pr	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:		
<ol> <li>Resolution mandate authorizing the investment by the entity, officers authorized to transact on behalf of the entity and their signing mandate.</li> </ol>		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:		
<ul> <li>RTGS, EFT or any other Electronic Funds Transfer instructions doc</li> <li>Cheque or</li> <li>Bank Statement (not more than 3 months old) or</li> <li>Certified letter confirming bank account details.</li> </ul>	ument con	itaining your bank details or
15. FINANCIAL ADVISOR DETAILS (For internal use)		
I confirm that all the above documents (where applicable) have been	attached.	
Name		
Branch		Telephone
Signature		Date D D M M Y Y Y Y
Duly authorized to execute this Agreement for and on behalf of: CYT	ONN ASSI	ET MANAGERS LIMITED ;
Administrator's signature	Date	

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