

EQUITY FUND AND BALANCED FUND

INVESTMENT APPLICATION FORM

TRUSTEE

CO-OPERATIVE BANK
OF KENYA LIMITED

FUND MANAGER



CUSTODIAN

STANDARD CHARTERED BANK

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

1. CLIENT DETAILS

A.	INDIVIDUAL APPLICANTS							
(i) Personal Information								
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	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 Trust Fund Other (please specify)								
(il) Subscriber Corporate 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 Infoma	ation						
Title	Mr Ms Other (please specify)						
Surname							
Middle name							
Last 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	m Investments: % Joint Holder 1 % Joint Holder 2 % Joint Holder 3						
Select your preferred	mode of contact: Email (free) Post (At Cost)						
(iii) Employment Ir	nformation						
Employment status:	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 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 PAYMEN	IT & I	BANK	INF	ORI	MAT	ION	(PLE	AS	SE PR	2 0	VIDE	YO	UI	R BA	١N	K IN	IFO	RM	ΑТ	101	N BE	EL	ЭW)						
Account name																														
Account number																														
Bank & Branch																														
Clearing code													S	wift	со	de											I		I	
4. BANK ACCOUN	T DE	TAIL	S																											
Cytonn Asset Managers Ltd. accepts personal/corporate cheques and bankers cheques																														
FUND				-	ACCO	UNT	NAME	E					ACCOUNT NO.																	
Cytonn Balanced Fund									Collect d Fund		on				01-	-050)-87	624	4-0	7										
Cytonn Equity Fund							nit Tru quity		Collect nd	ctic	on				01	-050)-87	624	4-0	8										
BANK				BRAN	NCH							BRAN	ICH	1 COE	DE							SW	IFT	COI	DE					
STANDARD CHARTERED	BANK		(CHIR	омо						(840	0								5	SCI	BLKE	:NX	000	(
5. INVESTMENT DI	ETAI	LS																												
(Minimum investment			Kshs	.50	00 f	or ea	ach d	of t	he C	yto	onn l	Jnit	Tr	ust l	Fu	nds)													
NAME OF FUND																	KSH	s												
Balanced Fund																														
Equity Fund																				_		1			_	_	_	_	 _	
Total Amount Invested																														
Total amount in words	6																												 	
C CONTACT DET	VII C																													
6. CONTACT DETA	AILS (NEXT C	ONTA	CT PE	RSON	IF INV	ESTOR	R IS	UNREA	CH.	ABLE)																			
Contact person (I)																														
Full name																														
Mobile No.																														
Postal address								С	ode								Т	OW	n											
Email																														
7. GIFTS /TRANSFER TO MINOR																														
AS CUSTODY FOR																														
Minor's Name																														
Date of birth	D																													
Postal address								(Code								7	Γow	/n							\Box	T	T		
Residential address										, 										<u> </u>		<u> </u>		\neg		_		_	 	
										_												_							 	

Physical location (street/ building/estate)							
Contact person (II)							
Full name							
Mobile No.							
Postal address Code Town							
Email							
8. 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 preffered 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							
9. 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%							
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							

a) I cannot put u	p with any price flu	ctuation							
b) I can only put	up with little price f	luctuation and wish t	to have earnings sli	ightly higher than ba	ank deposit rates				
c) I can put up w	ith some price fluct	uation and wish to h	ave earnings much	better than bank de	eposit rates				
d) I can put up w	vith a high degree o	f price fluctuation an	d wish to have ear	nings comparable to	stock market indice	es			
e) I can put up w	vith any price fluctua	ation and wish to hav	ve earnings higher	than stock market ir	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	Your	Appropriate Portfo	lio			
Upto 14	Conse	rvative	5	0% Eq	uity, 100% Money Ma	ırket			
15 - 20	Mode	Moderate 5 60% Equity, 40% Money Market							
21 & above	Aggre	essive	3	70% Ed	quity, 30% Money Ma	arket			
Profile and sign according to the conservative Disclaimer: This risk profile que olicitation for an element of the accuracy or conservation for an element of the accuracy of the accuracy of the accuracy of the accuracy or conservation for an element of the accuracy or conservation for an element of the accuracy or conservation for an element of the accuracy									
ubstitute for prof	essional advice.		ı						
SPECIMEN SIGNATUR	ES: NAME		SIGNATURE		DATE				
Authorized signatory	[,] 1								
Authorized signatory	2								
Authorized signatory	[,] 3								
iigning mandate:	All	Eit	her/Or	At least two signato	ories				
11. GENERAL T	ERMS AND CONI	DITIONS							
	-			-	nagers Limited in				

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

- the Capital Markets (Collective Investment Schemes) Regulations, 2001 and on terms and conditions set out in the relevant Trust Deed.
- 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 each fund selected in Section 5 and agree to the terms of each.
- 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	her/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						
iv) Passport picture		Comments						
2. Proof of banking details shall be any of the following:								

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.

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(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 doc - Cheque or - Bank Statement (not more than 3 months old) or - Certified letter confirming bank account details. 	ument cor	itaining your bank detail	ls or
15. FINANCIAL ADVISOR DETAILS (For internal use)			
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 ASS	ET MANAGERS LIMITEI	D;
Administrator's signature	Date		

Administrator's signature	Date	

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