



Mayfair Unit Trust

Corporate Application Form

Investment No.:

Invest, beyond time.

**SECTION 1: INVESTOR TYPE DETAILS**

A. Please select from the list below the investor type for whom services are to be provided:

- Non-Governmental Organization
- Partnership
- Trusts/Pension Schemes
- Government/State Corporations incl. County government, Parastatal, & Regulatory Bodies
- Company
- Sole Trader
- Unregistered/ Social Entities Services entities (e.g., Clubs, Charities, Churches, Associations, or Chamas)
- Other \_\_\_\_\_

B. Please select from the list below your residence:

- Kenya
- East Africa
- Africa
- Foreign

C. Please select from the list below your industry/sector of operation:

- Financial Services
- Legal/Accounting
- Medical
- Agriculture/Manufacturing
- Student
- Arts & Entertainment
- Hospitality
- Government/Public Service
- Other \_\_\_\_\_

D. Foreign Account Tax Compliance Act (FATCA)

**Are you a US citizen or Resident?**

US citizens and residents include persons born in the US, or holders of a US Green Card, US residential address, US telephone number, standing order to a US Bank account, granted power of attorney, or have signatory authority to a person with a US address. If yes, complete the US Indicia Forms.

- Yes
- No

**SECTION 2: ORGANIZATIONS**

Registered Name: \_\_\_\_\_ Trade Name: \_\_\_\_\_

Nature of business activity: \_\_\_\_\_ Contact Email: \_\_\_\_\_

Registration No: \_\_\_\_\_ Organization PIN No: \_\_\_\_\_

Tax Status:  Exempt  Non-Exempt Residence Status:  Resident  Non-Resident

Organization Tel: \_\_\_\_\_ Contact Person Mobile Tel: \_\_\_\_\_

**Physical Address Confirmation**

Building Name			
Street/Road Name			
Floor Number			
Postal Address	P.O. Box	Code	
	County	Country	

I write to confirm that the above is a description of my residential address. The description has been provided as I do not have any utility bill that may be used to verify my current residential address.

### SECTION 3: MODE OF COMMUNICATION

#### A. Method of Contact

(Statements, contract notes, newsletters, etc.)  Post (at a fee)  E-mail  SMS

#### B. Authorized Contact Person in Case of Emergency

Title:  Mr.  Mrs.  Ms.  Other (specify)

First Name: \_\_\_\_\_ Middle Name: \_\_\_\_\_ Surname: \_\_\_\_\_

Gender:  F  M ID/ Passport No.: \_\_\_\_\_ Nationality: \_\_\_\_\_

Mobile phone No.: \_\_\_\_\_ Email: \_\_\_\_\_

Relationship:  Company Official Other (Specify): \_\_\_\_\_

### SECTION 4: SOURCE OF FUNDS

Tick source from which investment amount is mainly derived: -

- |   |   |                                      |
|---|---|--------------------------------------|
| <input type="checkbox"/> Salary               | <input type="checkbox"/> Lottery/ Betting     | <input type="checkbox"/> Savings     |
| <input type="checkbox"/> Business cashflow    | <input type="checkbox"/> Inheritance          | <input type="checkbox"/> Gift        |
| <input type="checkbox"/> Insurance Payout     | <input type="checkbox"/> Rental/Property Sale | <input type="checkbox"/> Pension     |
| <input type="checkbox"/> Maturing Investments | <input type="checkbox"/> Loan                 | <input type="checkbox"/> Other _____ |

### SECTION 5: BANK ACCOUNT DETAILS

#### A. Product bank information

Account Name	Account Number	Branch Code	Swift code
Mayfair Money Market Fund Inflow KES A/C	0100012271411	1007	SBICKENX
Mayfair Fixed Income Fund Inflow KES A/C	0100012271438	1007	SBICKENX

Cash payment to an intermediary, agent, or employee is not allowed and is against Mayfair Asset Managers Limited policy.

#### B. Investor bank information

Please attach a copy of a certified recent bank statement /a recent copy of a certified cheque or ATM card as proof of bank account details provided herein.

##### I. Bank Transfer

Bank Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Account Name: \_\_\_\_\_ Account No.: \_\_\_\_\_

Type of account:  Current  Savings

##### II. Mpesa Transfer

I acknowledge that I choose to add the option of receiving and depositing payments through the following M-Pesa registered mobile phone number, and hereby confirm that I have read and understood section 10 concerning my payment instructions:

Mobile Phone Number.: \_\_\_\_\_

Any changes to the bank/mobile number information provided above must be provided in writing with supporting evidence/documentation.

### SECTION 6: UNIT TRUST FUNDS INVESTMENT DETAILS

#### A. MAYFAIR MONEY MARKET FUND

- Suitable for investors who seek low-risk, medium-interest investments. Offers capital stability and immediate liquidity.
- The fund invests in interest-bearing securities and other short-term money market instruments not exceeding 13 months.

<b>Investment risk level</b>	Low-risk investment offering medium yield, capital stability, and immediate liquidity	
<b>Recommended investment horizon</b>	Short term	
<b>Fee structure</b>	Initial Fee	Annual Management Fee
	0%	2.5% pa

I/We fully understand the features and are ready to invest.

Amount to Invest \_\_\_\_\_ Currency: \_\_\_\_\_

Payment method:  Cheque  Direct transfer  Direct cash/cheque deposit  Mpesa

Signature: \_\_\_\_\_

**B. MAYFAIR FIXED INCOME FUND**

- Suitable for investors who seek regular income and those who intend to secure safety for their investments.
- The fund invests in fixed-income securities, including but not limited to treasury bills, treasury bonds, corporate bonds, and bank deposits.

<b>Investment risk level</b>	Low-risk investment offering high yield and income stability	
<b>Recommended investment horizon</b>	Short to medium-term	
<b>Fees Structure</b>	Initial Fee	Annual Management Fee
	0%	2.5% pa

I/We fully understand the fund’s features and are ready to invest in the Mayfair Fixed Income Fund.

Amount to Invest \_\_\_\_\_ Currency: \_\_\_\_\_.

Signature: \_\_\_\_\_

Payment method:  Cheque  Direct transfer  Direct cash/cheque deposit  Mpesa

**SECTION 7: EMAIL/MOBILE INDEMNITY**

Dear Investor(s),

I/we, \_\_\_\_\_ (full name), hereby request Mayfair Asset Managers Limited, (“the Fund Manager”) to act upon my e-mail instructions (“Instructions”), as advised to the Fund Manager in writing from time to time, in regard to my/our investment account(s) with the Fund Manager, matters related to funds transfers to, from and within the Fund Manager, breaking of investments, rollovers and settlements of securities, believed by the Fund Manager to be issued by me if such instructions are sent from my/our email address as per records held with yourselves, irrespective of whether such instructions are genuine.

The Fund Manager may, however, at its sole discretion, decline to act upon the instructions unless and until confirmation has been obtained from me. I/we agree to indemnify the Fund Manager, its directors, officers, and employees against any loss, cost, damage, expenses, liability, or proceedings, which it/they may incur or suffer because of the Fund Manager or any such, director, officer, or employee acting upon or refraining from acting upon instructions.

I/we acknowledge that neither the Fund Manager nor its representatives shall be liable for any loss or damage caused as a result (including by reason of delay), of acting upon or refraining from acting upon instructions or in construing or processing such instructions in error, and the Fund Manager may debit any of my account(s) with any amount paid out pursuant to the receipt of instructions.

I/we undertake to confirm by letter, upon your request, all transactions have taken place from time to time pursuant to the instructions. The Fund Manager shall cease to be under obligation to comply with the instructions if the Fund Manager gives me written notice to such effect. Such notice shall be effective upon the lapse of twenty-four hours from the date of my receipt or seven days from the date of the notice, whichever is earlier.

Yours faithfully,

Signature: \_\_\_\_\_

**SECTION 8: GENERAL TERMS and CONDITIONS**

<b>Unit trust:</b>	A collective investment scheme in which investors’ contributions are pooled together to purchase a portfolio of financial securities, such as equities (shares), bonds, cash, bank deposits, etc. The portfolio is managed by professional fund managers.
<b>Unit:</b>	Means an undivided share in the collective investment scheme portfolio of a unit trust scheme. Client-invested amounts in a unit trust are used to purchase units. Each unit represents an equal fraction of the total value of the pool of invested money in the fund. The number of units allocated is calculated by dividing the amount you invest by the offer price at the time.
<b>Offer price:</b>	Price at which units are purchased or switched in by a client.
<b>Bid Price:</b>	Price at which units are redeemed or switched out by a client.
<b>Objectives to consider:</b>	Investor risk profile. <ul style="list-style-type: none"> <li>• Investor time horizon for the investment.</li> <li>• Reason for investing, whether you require regular income from the investment or capital growth.</li> </ul>
<b>Expected returns:</b>	Returns depend on <ul style="list-style-type: none"> <li>• Returns from the financial markets; and</li> <li>• The type of assets within the unit trust portfolio.</li> </ul>

## SECTION 9: SIGNING MANDATE

### Authorized Signatories Details

<p><b>1<sup>st</sup> Signatory (Indicate the Applicable category)</b></p> <p> <input type="checkbox"/> Principal Officer      <input type="checkbox"/> Shareholder  <input type="checkbox"/> Company Official      <input type="checkbox"/> Authorized Person  <input type="checkbox"/> Trustee/Director      <input type="checkbox"/> Partner         </p> <p>Full Names: _____</p> <p>ID/Passport No: _____</p> <p>Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Mobile Telephone No.: _____</p> <p>Office Telephone No.: _____</p> <p>E-mail: _____</p> <p>Postal Address: _____ Code: _____</p> <p>Nationality: _____</p> <p>Country of Residence: _____</p> <p>Signature: _____</p> <p>Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Signing mandate: <input type="checkbox"/> all <input type="checkbox"/> Either <input type="checkbox"/> At least Two <input type="checkbox"/> One</p>	<p><b>2<sup>nd</sup> Signatory (Indicate the Applicable category)</b></p> <p> <input type="checkbox"/> Principal Officer      <input type="checkbox"/> Shareholder  <input type="checkbox"/> Company Official      <input type="checkbox"/> Authorized Person  <input type="checkbox"/> Trustee/Director      <input type="checkbox"/> Partner         </p> <p>Full Names: _____</p> <p>ID/Passport No: _____</p> <p>Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Mobile Telephone No.: _____</p> <p>Office Telephone No.: _____</p> <p>E-mail: _____</p> <p>Postal Address: _____ Code: _____</p> <p>Nationality: _____</p> <p>Country of Residence: _____</p> <p>Signature: _____</p> <p>Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Signing mandate: <input type="checkbox"/> all <input type="checkbox"/> Either <input type="checkbox"/> At least Two <input type="checkbox"/> One</p>
<p><b>3<sup>rd</sup> Signatory (Indicate the Applicable category)</b></p> <p> <input type="checkbox"/> Principal Officer      <input type="checkbox"/> Shareholder  <input type="checkbox"/> Company Official      <input type="checkbox"/> Authorized Person  <input type="checkbox"/> Trustee/Director      <input type="checkbox"/> Partner         </p> <p>Full Names: _____</p> <p>ID/Passport No: _____</p> <p>Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Mobile Telephone No.: _____</p> <p>Office Telephone No.: _____</p> <p>E-mail: _____</p> <p>Postal Address: _____ Code: _____</p> <p>Nationality: _____</p> <p>Country of Residence: _____</p> <p>Signature: _____</p> <p>Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Signing mandate: <input type="checkbox"/> all <input type="checkbox"/> Either <input type="checkbox"/> At least Two <input type="checkbox"/> One</p>	<p><b>4<sup>th</sup> Signatory (Indicate the Applicable category)</b></p> <p> <input type="checkbox"/> Principal Officer      <input type="checkbox"/> Shareholder  <input type="checkbox"/> Company Official      <input type="checkbox"/> Authorized Person  <input type="checkbox"/> Trustee/Director      <input type="checkbox"/> Partner         </p> <p>Full Names: _____</p> <p>ID/Passport No: _____</p> <p>Date of Birth: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Mobile Telephone No.: _____</p> <p>Office Telephone No.: _____</p> <p>E-mail: _____</p> <p>Postal Address: _____ Code: _____</p> <p>Nationality: _____</p> <p>Country of Residence: _____</p> <p>Signature: _____</p> <p>Date: <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/></p> <p>Signing mandate: <input type="checkbox"/> all <input type="checkbox"/> Either <input type="checkbox"/> At least Two <input type="checkbox"/> One</p>

**SECTION 10: FOR OFFICIAL PURPOSES**

**KNOW YOUR CUSTOMER (KYC) CHECKLIST**

Based on the investor type identified, obtain evidence of the relevant identification documents below and tick (✓) as appropriate.

**A. SOLE TRADER/UNREGISTERED ENTITIES**

KYC Requirements				
	Intermediary Copies Obtained		Authorized Staff Document verified	
Form of identification (select one)				
National I.D/Passport of the individual	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificate of registration/business license	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
KRA PIN Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Canceled Cheque/Bank Statement not more than 3 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment Evidence (cheque/Deposit slip/Transfer form /standing order)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**B. PARTNERSHIP/ COMPANY**

KYC Requirements				
	Intermediary Copies Obtained		Authorized Staff Document verified	
Form of identification (select one)				
National I.D/Passport of the signatories	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificate of registration/business license	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
KRA PIN Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Canceled Cheque/Bank Statement not more than 3 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment Evidence (cheque/Deposit slip/Transfer form /standing order)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Board Resolution authorizing investment	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**D. GOVERNMENT BODIES (State Corporations, Parastatals, Counties, Regulators)**

KYC Requirements				
	Intermediary Copies Obtained		Authorized Staff Document verified	
Form of identification (select one)				
National I.D, Passport of the authorized representative(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Canceled Cheque/Bank Statement not more than 3 months old	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Letter from the accounting officer authorizing transaction(s)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment Type (cheque/Deposit slip/Transfer form /standing order)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

**E. TRUSTS/ NGOs**

KYC Requirements				
	Intermediary Copies Obtained		Authorized Staff Document verified	
Form of identification (select one)				
National I.D, Passport of at least 2 Trustees	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Certificate of registration/incorporation	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
KRA PIN Certificate	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Canceled Cheque/Bank Statement not more than 3 months	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Resolution authorizing transaction	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Payment Type (cheque/Deposit slip/Transfer form /standing order)	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Provide the following information regarding natural persons associated with the Trust:

- (i) Full names and details of the Trust's/NGO management company (if any)
- (ii) Names of the Trustees or relevant senior management personnel
- (iii) Full name(s) of the trustee, beneficiaries, or any person exercising ultimate control over the Trust's/NGO
- (iv) Full names of the founder of the Trust/NGO
- (v) Trust's/NGO structure of ownership & control

**Intermediary**

I confirm that all the required documents as per KYC checklist have been attached.

Full Names of Intermediary: \_\_\_\_\_

Intermediary Code: \_\_\_\_\_

Email Address: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 

D	D	M	M	Y	Y	Y	Y
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**AUTHORIZED MAYFAIR ASSET MANAGERS LIMITED STAFF**

I certify that all the required documents as per KYC Checklist have been provided:

Full Names: \_\_\_\_\_

Signature: \_\_\_\_\_ Date: 

D	D	M	M	Y	Y	Y	Y
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**Affix Compliance Stamp**

MAYFAIR ASSET MANAGERS LIMITED

A Licensed fund manager by Capital Markets Authority

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