



Mayfair Private Wealth Management

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:
- Individual/ Joint Investor Sole Trader Partnership
- Government/State Corporations incl. County government, Parastatal, & Regulatory bodies Company Trusts/ Pension schemes
- Unregistered/ Social Entities Services entities (e.g. Clubs, Charities, Churches, Associations, or Chamas) Non-Governmental Organizations (NGOs) Others (Specify) _____
- B. Please select from the list below your residence:
- Kenya East 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
- 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:

A. (i) PRINCIPAL INVESTOR DETAILS

Title: Mr. Mrs. Miss Other (specify)

First Name: _____ Middle Name: _____ Surname: _____

Gender: F M Date of Birth:

D	D	M	M	Y	Y	Y	Y
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Mobile phone No.: _____ Email: _____

ID/ Passport No.: _____ PIN No.: _____ Nationality: _____

Country of Residence: _____ County/ State: _____

Tax Status: Exempt Non-Exempt

Residence Status: Resident Non-Resident

(ii) Residential Address Confirmation

Estate Name/ Building Name				
Street/Road Name				
House/ Building Number				
Postal Address	P.O. Box		Code	
	Town		Country	

B. (i) JOINT INVESTOR DETAILS (if more than 2, attach details for the others on a separate sheet of paper)

Title: Mr. Mrs. Miss Other (specify) _____

First Name: _____ Middle Name: _____ Surname: _____

Gender: F M Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Mobile phone No.: _____ Email: _____

ID/ Passport No.: _____ PIN No.: _____ Nationality: _____

Country of Residence: _____ Permanent Address: _____

(ii) Residential Address Confirmation

Estate Name/ Building Name			
Street/Road Name			
House/ Building Number			
Postal Address	P.O. Box	Code	
	Town	Country	

SECTION 3: 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	
	Town	Country	

SECTION 4: MINOR

A. (i) PRINCIPAL INVESTOR DETAILS

Title: Mr. Mrs. Miss Other (specify) _____

First Name: _____ Middle Name: _____ Surname: _____

Gender: F M Date of Birth:

D	D	M	M	Y	Y	Y	Y
---	---	---	---	---	---	---	---

Mobile phone No.: _____ Email: _____

Birth Certificate No.: _____ Nationality.: _____

Country of Residence: _____ County/ State: _____

Residence Status: Resident Non-Resident

SECTION 5: 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. Miss Other (specify)

First Name: _____ Middle Name: _____ Surname: _____

Gender: F M ID/ Passport No.: _____ Nationality: _____

Mobile phone No.: _____ Email: _____

Relationship: Spouse Son/ Daughter Friend Relative Company Official

SECTION 6: 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"/> Investments | <input type="checkbox"/> Loan | <input type="checkbox"/> Other (Specify) |

SECTION 7: INVESTOR'S PAYMENT 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 8: PRIVATE WEALTH SERVICE DETAILS

- Suitable for investors who seek medium-risk, medium-interest investments.
- Offers capital stability and moderate liquidity.
- Funds will be invested according to the client's financial objectives and goals.
- Recommended for knowledgeable investors.

Investment risk level	Medium-risk investment offering medium yield, capital stability, and moderate liquidity
Recommended investment horizon	

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

Amount to Invest: _____ Currency: _____

SECTION 9: PRODUCT BANK/MPESA INFORMATION

STANBIC BANK of KENYA LIMITED

Account Name	Account Number	Branch Code	Swift code
Mayfair Private Wealth Management Inflow KES A/C	0100012271551	1007	SBICKENX
Mayfair Private Wealth Management Inflow USD A/C	0100012271567	1007	SBICKENX

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

SECTION 10: EMAIL/MOBILE INDEMNITY

Dear Investor(s),

I, _____ (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 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 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 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 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 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 a 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 11: DECLARATION

1. The information provided in this application is true, correct, and accurate, and 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 Mayfair Asset Managers Limited verifying the information provided with others.
4. I/We confirm that this investment is not being made either directly or indirectly by or on behalf of any person restricted by the law of any relevant jurisdiction from investing.
5. Upon receipt, I/We shall review all statements and will notify Mayfair Asset Managers Limited immediately if there is a discrepancy.
6. I/We consent to the disclosure of this information for compliance purposes to regulators and government agencies.
7. I/We hereby confirm that the money used for these investments does not arise from the proceeds of crime and/or other illicit activities.
8. All transaction charges on purchasing securities/ investing shall be borne by the Client and not the Fund Manager.
9. The client hereby agrees that the fund manager shall collect, use, transfer, and disclose his or her personal data in electronic or other form, in relation to the investment that you have agreed to make and or collected data in accordance with the Data Protection Act No. 24 of 2019 and Mayfair Asset Managers Limited data protection policy.

SECTION 12: SPECIAL INSTRUCTIONS

SECTION 13: SIGNING MANDATE

Authorized Signatories Details

<p>1st Signatory (Indicate the Applicable category)</p> <p> <input type="checkbox"/> Principal Officer <input type="checkbox"/> Shareholder <input type="checkbox"/> Individual Capacity <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" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></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" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p> <p>Signing mandate: <input type="checkbox"/> all <input type="checkbox"/> Either <input type="checkbox"/> At least Two <input type="checkbox"/> One</p>	<p>2nd Signatory (Indicate the Applicable category)</p> <p> <input type="checkbox"/> Principal Officer <input type="checkbox"/> Shareholder <input type="checkbox"/> Individual Capacity <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" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></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" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p> <p>Signing mandate: <input type="checkbox"/> all <input type="checkbox"/> Either <input type="checkbox"/> At least Two <input type="checkbox"/> One</p>
<p>3rd Signatory (Indicate the Applicable category)</p> <p> <input type="checkbox"/> Principal Officer <input type="checkbox"/> Shareholder <input type="checkbox"/> Individual Capacity <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" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></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" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p> <p>Signing mandate: <input type="checkbox"/> all <input type="checkbox"/> Either <input type="checkbox"/> At least Two <input type="checkbox"/> One</p>	<p>4th Signatory (Indicate the Applicable category)</p> <p> <input type="checkbox"/> Principal Officer <input type="checkbox"/> Shareholder <input type="checkbox"/> Individual Capacity <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" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></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" value="D"/><input type="text" value="D"/><input type="text" value="M"/><input type="text" value="M"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/><input type="text" value="Y"/></p> <p>Signing mandate: <input type="checkbox"/> all <input type="checkbox"/> Either <input type="checkbox"/> At least Two <input type="checkbox"/> One</p>

SECTION 14: 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. INDIVIDUALS/ JOINT INVESTORS

KYC Requirements				
	Intermediary Copies Obtained		Authorized Staff Document verified	
Form of identification (select one)				
National I.D/Passport/Birth Certificate	<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 old	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
Income tax exemption certificate if applicable	<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. 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 old	<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

c. 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 old	<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 old	<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
---	---	---	---	---	---	---	---

Affix Compliance Stamp

MAYFAIR ASSET MANAGERS LIMITED

A Licensed fund manager by Capital Markets Authority

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