



Mayfair Asset Managers Limited Company

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:
- Company  Partnership  Trusts/ Pension schemes
- Government/State Corporations incl. County government, Parastatal, & Regulatory Bodies  Unregistered Social / Service entities (e.g. Clubs Charities, Churches, Associations, Chamas)
- Non-Governmental Organizations (NGOs)  Others (Specify) \_\_\_\_\_
- B. Please select from the list below your industry/sector of operation:
- Financial Services  Legal/Accounting  Health  Agriculture/Manufacturing
- Education  Arts & Entertainment  Hospitality/ICT  Government/Public Service
- Energy/Mining  Construction/Real Estate  Transport  Other \_\_\_\_\_
- C. 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:  Kenya  East Africa  Foreign

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

**Physical Address Confirmation**

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

I write to confirm that the above describes the organization’s physical address. The description has been provided in place of my utility bill and may be used as evidence of the organization's current residential address.

**SECTION 3: MODE OF COMMUNICATION**

Title:  Mr.  Mrs.  Miss  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"/> Investments       | <input type="checkbox"/> Loan                 | <input type="checkbox"/> Other (Specify) |

**SECTION 5: INVESTOR’S PAYMENT INFORMATION (Provide Proof)**

**I. Bank Transfer**

Bank Name: \_\_\_\_\_ Account No: \_\_\_\_\_

Account Name: \_\_\_\_\_ Branch: \_\_\_\_\_

Type of account:  Current  Savings Currency:  KES  USD

**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: \_\_\_\_\_

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

**SECTION 6: PRODUCT DETAILS**

**(i) 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.

<b>Investment horizon &amp; Indicative rate of return</b>		<b>% p.a</b>
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I/We fully understand the features and I/ We are ready to invest.

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

**(ii) MAYFAIR MONEY MARKET FUND DETAILS (KES)**

- 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>Recommended investment horizon</b>	Short term
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I/We fully understand the features and are ready to invest.

Amount to Invest \_\_\_\_\_

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

**(iii) 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>Recommended investment horizon</b>	Short to medium-term
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I/We fully understand the fund’s features and are ready to invest in the Mayfair Fixed Income Fund.

Amount to Invest \_\_\_\_\_

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

## SECTION 7: PRODUCT BANK/MPESA INFORMATION

### A. Product bank information

Account Name	Account Number
Mayfair Private Wealth Management Inflow KES A/C	0100012271551
Mayfair Private Wealth Management Inflow USD A/C	0100012271567
Mayfair Money Market Fund Inflow KES A/C	0100012271411
Mayfair Fixed Income Fund Inflow KES A/C	0100012271438

Bank Name	Branch Code	Swift code
Stanbic Bank	1007	SBICKENX

### B. Product Mpesa information

Fund Name	Account Number	Paybill
Mayfair Money Market Fund	Client's name/member number - M	4121841
Mayfair Fixed Income Fund	Client's name/member number - F	4121841

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

## SECTION 8: 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. All transaction charges on purchasing securities/ investing shall be borne by the Client and not the Fund Manager.
8. All client communication will be done through email.
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 9: SPECIAL INSTRUCTIONS

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(You may include any withdrawal or communication instructions or restrictions e.g. religious or cultural restrictions.)

**SECTION 10: 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>	
<b>Unit Trust Fee structure</b>	Initial Fee	Annual Management Fee
	0% pa	2.5% pa

**SECTION 11: EMAIL/MOBILE INDEMNITY**

I/We hereby request that the Fund Manager act upon email instructions (“Instructions”) from the following email addresses below:

1. \_\_\_\_\_
2. \_\_\_\_\_
3. \_\_\_\_\_

These addresses will be used for matters related to my investment account(s) with the Fund Manager. This includes fund transfers to, from, and within the Fund Manager, breaking of investments, rollovers, and settlements of securities. The Fund Manager will treat instructions sent from my registered email addresses as genuine, regardless of their actual origin.

However, the Fund Manager may, at its sole discretion, require confirmation from me before acting on any instructions. I agree to indemnify the Fund Manager, its directors, officers, and employees against any loss, cost, damage, expense, liability, or proceedings they may incur as a result of acting or refraining from acting upon such instructions.

I acknowledge that neither the Fund Manager nor its representatives shall be liable for any loss or damage (including delays) resulting from acting on or refraining from acting on instructions, or from any errors in processing such instructions. The Fund Manager may debit any of my accounts for amounts paid out pursuant to these instructions.

I undertake to confirm by letter, upon your request, that all transactions conducted as a result of these instructions are accurate. The Fund Manager may cease to act on these instructions by giving me written notice. This notice will take effect 24 hours after I receive it or seven days after it is sent, whichever is earlier.

Yours faithfully,

Name: \_\_\_\_\_

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

**SECTION 12: SIGNING MANDATE**

**Authorized Signatories Details**

<p><b>1st Signatory (Indicate the Applicable category)</b></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><b>2nd Signatory (Indicate the Applicable category)</b></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><b>3rd Signatory (Indicate the Applicable category)</b></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><b>4th Signatory (Indicate the Applicable category)</b></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 13: 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

**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
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 engaging with the client(s) and 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

Mayfair Centre, 7th Floor, Ralph Bunche Road | P O Box 45161 - 00100, Nairobi, Kenya |

Tel +254 20 2916000 |

Email: [invest@mayfairasset.com](mailto:invest@mayfairasset.com)