



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

D. Politically Exposed Persons (PEPs)

Are you a Politically Exposed Person or closely associated with one?

PEPs include individuals who hold or have held prominent public positions, such as government officials, senior executives of state-owned corporations, judicial or military officials, or leaders of international organizations. This also includes immediate family members or close associates of such individuals. If yes, additional due diligence may be required.

- ☐ 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 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.

Investment horizon & Indicative rate of return		% p.a
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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.

Recommended investment horizon	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

Purchase frequency: ☐ Monthly ☐ Every six months ☐ Quarterly ☐ Annually

Withdrawal Frequency: ☐ Monthly ☐ Every six months ☐ Quarterly ☐ Annually

(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.

Recommended investment horizon	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

Purchase frequency: ☐ Monthly ☐ Every six months ☐ Quarterly ☐ Annually

Withdrawal Frequency: ☐ Monthly ☐ Every six months ☐ Quarterly ☐ Annually

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	Branch Code	Swift code
Stanbic Bank	Chiromo	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
Mayfair Private Wealth Management	Client's name/member number - P	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

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

SECTION 10: GENERAL TERMS and CONDITIONS

Unit trust:	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.	
Unit:	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.	
Offer price:	Price at which units are purchased or switched in by a client.	
Bid Price:	Price at which units are redeemed or switched out by a client.	
Objectives to consider:	Investor risk profile. <ul style="list-style-type: none">• Investor time horizon for the investment.• Reason for investing, whether you require regular income from the investment or capital growth.	
Expected returns:	Returns depend on <ul style="list-style-type: none">• Returns from the financial markets; and• The type of assets within the unit trust portfolio.	
Unit Trust Fee structure	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 to send and receive information on 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

1 st Signatory (Indicate the Applicable category)	2 nd Signatory (Indicate the Applicable category)
<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	<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
Full Names: _____	Full Names: _____
ID/Passport No: _____	ID/Passport No: _____
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"/>	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"/>
Mobile Telephone No.: _____	Mobile Telephone No.: _____
Office Telephone No.: _____	Office Telephone No.: _____
E-mail: _____	E-mail: _____
Postal Address: _____ Code: _____	Postal Address: _____ Code: _____
Nationality: _____	Nationality: _____
Country of Residence: _____	Country of Residence: _____
Signature: _____	Signature: _____
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"/>	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"/>
Signing mandate: <input type="checkbox"/> all <input type="checkbox"/> Either <input type="checkbox"/> At least Two <input type="checkbox"/> One	Signing mandate: <input type="checkbox"/> all <input type="checkbox"/> Either <input type="checkbox"/> At least Two <input type="checkbox"/> One

3 rd Signatory (Indicate the Applicable category)	4 th Signatory (Indicate the Applicable category)
<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	<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
Full Names: _____	Full Names: _____
ID/Passport No: _____	ID/Passport No: _____
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"/>	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"/>
Mobile Telephone No.: _____	Mobile Telephone No.: _____
Office Telephone No.: _____	Office Telephone No.: _____
E-mail: _____	E-mail: _____
Postal Address: _____ Code: _____	Postal Address: _____ Code: _____
Nationality: _____	Nationality: _____
Country of Residence: _____	Country of Residence: _____
Signature: _____	Signature: _____
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"/>	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"/>
Signing mandate: <input type="checkbox"/> all <input type="checkbox"/> Either <input type="checkbox"/> At least Two <input type="checkbox"/> One	Signing mandate: <input type="checkbox"/> all <input type="checkbox"/> Either <input type="checkbox"/> At least Two <input type="checkbox"/> One

SECTION 13: INVESTOR'S KYC DOCUMENTS

Kindly provide the documents on the table below for compliance purposes.

COMPANY/PARTNERSHIP/TRUSTS/ NGOs

KYC Requirements	
Documents required	Status (For official use)
National ID/Passport of the signatories/Trustees/registered office bearers	
Certificate of registration/Business license	
KRA PIN Certificate	
Canceled Cheque/Bank Statement not more than 3 months old	
UBO (CR12/CR13)	
Payment Evidence (cheque/Deposit slip/Transfer form /standing order)	

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

1. Full names and details of the Trust's/NGO management company (if any)
2. Names of the Trustees or relevant senior management personnel
3. Full name(s) of the trustee, beneficiaries, or any person exercising ultimate control over the Trust's/NGO
4. Full names of the founders of the Trust/NGO
5. 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

☐ The client has been identified as high-risk.

I certify that proper Extra Due Diligence has been performed for this client

Full Names: _____

Position in Company: _____

Signature: _____ Date:

D	D	M	M	Y	Y	Y	Y
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COMPLIANCE

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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Email: invest@mayfairasset.com