

## CLIENT INFORMATION FORM - INDIVIDUAL

REQUIRED AS PER CAPITAL MARKETS & SECURITIES AUTHORITY ACT 1994. RULES PARTS IV SECTION 11(1)(1)&(B)

### APPLICATION DETAILS

Title  Prof  Dr  Hon  Rev  Mr  Mrs  Miss  Ms

Full Name

Postal Address

Date of Birth

Politically Exposed Person  Not Politically Exposed Person

Physical Address

Occupation

Nationality

Identification/Passport No.

Telephone

Email

### BANK ACCOUNT DETAILS

Banker

Branch

A/C Number

### NEXT OF KIN DETAILS

Full Name

Relationship

Postal Address

Telephone

Email

Signature  Date

### FOR OFFICIAL USE ONLY To be completed by Interviewing Officer

Received CDS Receipt/Share Certificate Number  Identification Verified

Name of Staff  Signature  Date