



Kuza Asset Management Limited
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KUZA INCOME DRAWDOWN FUND

APPLICATION FORM - INDIVIDUAL

ACCOUNT NUMBER

1. Principal Investor Details	
Title:	Full Names:
Date of Birth:	Gender: <input type="checkbox"/> Male <input type="checkbox"/> Female
Country of Residence:	Tax PIN Number:
ID/Passport Number:	Nationality:
Postal Address and Code:	Town:
Email Address:	Mobile No:
Marital Status:	
Eligible to an Individual who has attained the age of fifty (50) years.	
2. Contributions Details	
Total Initial Contribution Amount:	
Registered Funds Amount	Unregistered Funds Amount
3. Source of Funds	
<input type="checkbox"/> Registered Retirement Benefits Fund Name	
<input type="checkbox"/> Registered Income Drawdown Fund Name (at least 5 years)	
<i>Kuza Asset Management Limited reserves the right to seek further information or documentation on the source of funds to be invested.</i>	
4. Physical Address	
I write to confirm that the below is a description of my residential/business address. A description has been provided as I do not have any utility bill that may be used to verify the address.	
Client Address Description	
Land Registration (L.R) Number	
House Number	
Building/Estate	
Road/Area/Town	
5. FATCA/CRS Declaration	
Are you a US Resident, Citizen or do hold a Green Card?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Are you registered for tax in any other country?	Yes <input type="checkbox"/> No <input type="checkbox"/>
Country (ies) of Tax Residency	Tax Identification Number
Not Applicable (Tick where applicable)	
1.	<input type="checkbox"/> Yes <input type="checkbox"/> No
2.	<input type="checkbox"/> Yes <input type="checkbox"/> No
3.	<input type="checkbox"/> Yes <input type="checkbox"/> No
6. Drawdown Details	
Drawdown Amounts (Note such income shall be subject to a maximum of 12% of the draw down fund per annum)	
Monthly Gross	
Annual Gross	
Drawdown Frequency:	Monthly Quarterly Semi-Annually Annually
7. Investor Bank Details	
Account Name:	
Account Number:	Currency:
Bank:	Branch:
<i>Any Instructions of change of Investor bank Details MUST be provided in writing with certified proof.</i>	

8. Beneficiary Nomination Form

I declare that the information provided below is to the best of my knowledge and belief true and complete and agree that this application shall form the basis of the contract between me and the Company. I understand further that the Trustees of the scheme have the final discretion to decide who should receive benefits but I request them to act according to my nomination.

BENEFICIARY NAME	DATE OF BIRTH	RELATIONSHIP	ID NUMBER	MOBILE NO.	PROPORTION%

10. Bank Account Details

Deposit your contributions into the bank account below

ACCOUNT NAME	KUZA INCOME DRAWDOWN FUND COLLECTION A/C
ACCOUNT NUMBER	1080285643041
BANK	EQUITY BANK (KENYA) LIMITED
BRANCH	MOMBASA ROAD
BANK SWIFT:	EQBLKENA
M-PESA PAYBILL NUMBER	247247
CURRENCY:	KES

Kuza Asset Management Limited accepts Personal/Corporate and Banker's Cheques. No third-party cheques will be accepted. Payments should be made directly into the collection account and payment details must be attached to the application form. Please note that the Bank deposit slip will be deemed as a receipt but not as value by Kuza Asset Management Limited until funds are sighted in the account.

11. Signing Mandate

Client Acknowledgement:

By checking this box, I/we confirm that I have read and understood, and hereby consent to Kuza Asset Management Limited's (Kuza) Privacy Policy. I hereby authorize Kuza to collect, use, disclose, and/or process our personal data or information without further notification to me/us, confidentially with third-party service providers, business partners and/or other parties which may be sited outside of Kenya, for setting up and administering our investment account with Kuza, customer services and to allow Kuza and/or its business partners to perform marketing and related activities, until Kuza receives our written instructions to the contrary.

I confirm that I/we have read and understood, and hereby consent to the general terms and conditions, and hereby make the above declaration. I hereby declare that the particulars provided above are true to the best of my knowledge and agree to abide by the rule and regulations of the Fund.

	Name	Signature	Date
Authorized Signatory			

For official use only

KYC Documents for all Signatories	Tick
1. Copy of Official Identification Document or Current Passport.	
2. Copy of PIN or Tax Exemption Certificate (where applicable).	
3. Proof of Banking details: Original canceled cheque; Copy of ATM Card; Bank Statement or Certified letter from the bank (not more than three months old).	
4. Proof of Investment: M-Pesa Transaction Number, Cheque, RTGS or Deposit Slip.	

Financial Advisor	Name:	Code:
	Email:	Telephone:
	Signature:	Date:
Administrator	Name:	
	Signature:	Date:
Compliance Officer	Name:	
	Signature:	Date:

GENERAL TERMS AND CONDITIONS

- A.** Completed application forms and notification of deposits/cleared funds must be received for the investment to be executed.
- B.** Past performance is not a guide to future performance and may not be repeated. There is no guarantee that the investment objectives will be attained. The income from them may fall as well as rise and Clients may not realize their initial investment.
- C.** The Fund Manager may accept Client instructions received through electronic communication from Clients who have consented to the Email Indemnity provided in this Application or executed and delivered an Email Indemnity in the form prescribed by the Fund Manager. The Client acknowledges that the Fund Manager reserves the right at its sole discretion to require the Client to provide hard copy written instructions in specific instances.
- D.** The Client and/or his/her financial advisor shall at all times be responsible for ensuring that the Fund Manager and its representatives receive any instructions from the Client and/or financial advisor, whether by facsimile or mail and that such instructions are complete and correct in all respects.
- E.** Clients are reminded that in certain specified circumstances their right to redeem their investments may be suspended.
- F.** No third-party cheques are allowed. Payments from third parties made on your behalf may be accepted on an exceptional basis and solely at the discretion of Kuza Asset Management Limited.

- G.** Once an account has been opened, a statement of investment will be sent by Email to the Client on a monthly basis.
- H.** All transaction charges on purchasing securities shall be borne by the Client and not the Fund Manager.

DECLARATIONS

- A.** I confirm that the information provided in this application, together with all supporting documentation that will be supplied in connection with this application, is true, correct and accurate. I hereby consent that Kuza Asset Management Limited may verify the information provided using such reasonable and necessary verification mechanisms.
- B.** I confirm that the money used for this investment does not arise out of the proceeds of any money laundering or other illicit activities.
- C.** I warrant that I have full power and authority to enter into and conclude this transaction.
- D.** I confirm that the Investments are not being acquired either directly or indirectly by or on behalf of any person restricted by law of any relevant jurisdiction from acquiring the Investment.
- E.** I hereby consent to all redemption proceeds made to me being paid in accordance with my payment instructions above and as may be varied as per my written instructions. I hereby accept full responsibility for securing the integrity of my selected payment mode, and fully indemnify Kuza Asset Management Limited from any claims, losses or liabilities that it may incur in connection with the

processing of payment in accordance with my instructions.

- F.** I hereby unconditionally and unequivocally agree that Kuza Asset Management Limited shall be entitled to act upon any instructions issued through my registered profile on a Kuza Asset Management Client Portal or through electronic mail from my/our indicated email address (including scanned copies of documentation) which instructions shall be binding and enforceable against me notwithstanding that any such instruction may later be shown to be in any way false, incomplete, inaccurate, delayed, erroneous, unauthorized or otherwise not authentic.
- G.** I agree that Kuza Asset Management Limited shall not be responsible for any liability, losses or damages resulting from such electronic instructions, except where the loss results from gross negligence or fraud on Kuza's part. I agree to fully indemnify Kuza Asset Management Limited against any proceedings, claims, expenses, and liabilities which may be taken or made against Kuza by reason of Kuza acting on my instructions.
- H.** I consent to the disclosure of the information provided in this application for compliance purposes to Kuza Asset Management Limited or its agents and the necessary regulators and government agencies.
- I.** Upon receipt, I shall review all statements and will notify the Fund Manager immediately if there is a discrepancy.