



(Check Box as appropriate)

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passport size colour photo

(TO BE COMPLETED IN TRIPLICATE) SECURITIES ACCOUNT OPENING/MAINTENANCE FORM (Individuals)

(Check Box as appropriate)

SCD Client Identification number				Individual Account	Joint Account	Estate Accour
Please use block letters	1					
Title						
Surname						
other names						
Address (Village, County, District)						
Date of Birth						•
Telephone number (Home)						
Telephone number(s)						
Source of funds						
TIN Number						
Email						
Nationality						
National ID Number/passport						
Occupation						
Bank Account Details	Bank	Branch	Account Number			
Payment option	Bank	Mobile Money	Receiving telephone number			
Client Category						
,						
DECLARATION						
I / We hereby						
		or change particulars in my / our s	Securities Account as indicated above (dele	te where appro	priate)	
(ii) Affirm that all information in this fo		ion provided by me / us in this form	_			
(iii)Undertake to notify my SCDA of an	y changes of particulars of informati		п.			
Name 1		Signature 1				
2		2				
3		Date				
For official SCDA use only						
Witnessed and verified by		Authorised by				
Name Designation						
Date						
Company seal/stamp						
3 copies - SCD, SCDA	and Client					=
For SCD Official use only						
First authorizer/capturer		Second author	orizer/capturer			
Name Designation						
Stamp		Designation.				