

Tax Exempt*

Yes



CDS ACCOUNT OPENING (CDS 1) FORM

MINOR ACCOUNT OPENING FORM		
CDA CODE	CDS ACCOUNT NUMBER (NEW/EXISTING)	
MINOR's DETAILS		
PLEASE FILL DETAILS IN BLOCK		
Gender Male Female		
	Other Names*	
Investor Category*(Tick as applicable) Local Invest	or (LI) Foreign Investor (FI) East African Investor (EI)	INSERT COLOR PASSPORT PHOTO
Passport/Birth Certificate No*	Passport Expiry Date DDMMYYYY	
	onality/Citizenship*	
Postal Address Postal (Code City/Town City/Town	
Physical Location (Town/City)	Country of Residence*	
Telephone Number*	Country Code	
Email Address*		
SIGNATORY DETAILS (PARENT/GUARDIA	AN)	
PLEASE FILL DETAILS IN BLOCK		
	4b NI	1
	ther Names*	
ID/Passport Number*	Passport Expiry Date DDMMYYYYY	INSERT COLOR
71	fast African ID Passport Alien ID	PASSPORT PHOTO
Relationship with the minor* Parent Date of Birth* DDMMYYYY NATIONA	Guardian	
KRA PIN*	Country of Residence*	
Postal Address Postal (-	
Telephone Number*	Country Code	
Email Address*	Physical Location (Town/City)	
Email / tadiess	Thysical Escation (1800), Oily	
ARE YOU OR ANY OTHER PERSON CONN EXPOSED PERSON (P.E.P) OR CONNECTE	NECTED WITH THE APPLICATION CLASSIFIED AS A POL ED TO A P.E.P?	ITICALLY
YES NO		
If yes, specify the name of the person and the	e relationship.	
TAX STATUS		

No

(If Yes, please attach a copy of your tax exemption certificate)



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PAYMENT DETAILS (DIVIDEN	ND DISPOSAL AND PROC	EEDS OF SALE)	
(Tick where applicable)	Domestic Bank	International Bank	Mobile Money Payment
BANK DETAILS			
Account Name			
Account Number		Bank Name	
Branch Code (Domestic Banks)		Bank Swift Code (Internationa	l Banks)
Currency (International Banks)	EURO USD	GBP KES USH	H TZSH RFRANC
Indicate any other currency			
MOBILE MONEY PAYMENT DETAILS (Applicable only to Local Investors)			
Mobile Operator		Phone Number	
PARENTAL/GUARDIAN CONS	ENT		
		, we will need to process their pers lya and prioritises your child's best	
Please see the Privacy Notice att	ached to this form for more	e information on how we handle yo	ur child's personal data.
We do require your consent to c	ollect and process your chil	d's data.	
I give my consent for my child's ((Name)		
personal data collected in this fo maintaining a securities account	,	SC and the approved third parties	for the purpose of opening/
I confirm that I am above 18 year	rs of age and have given thi	is consent freely and on due autho	rity.
Name (Parent/Legal Guardian)			
Signature INSERT SIGNATI	IRE		Date DDMMYYYY

CLIENT DECLARATION

- 1. I/We certify that the information I/we have provided on this form and the documents I/we have attached are true, accurate and complete.
- 2. I/We declare that I am/we are the owner(s) of this CDS account.
- 3. I/We understand that any false or misleading information limits your ability to promote my/our right to privacy and when intentional, is a punishable criminal offence under the Laws of Kenya.
- 4. I/We certify that I/we have carefully read the Terms & Conditions and Privacy Notice attached to this form and I/we understand why you collect my/our personal information and how you safeguard my/our privacy.
- 5. I/We authorize CDSC to use the information collected in this form to open and maintain our securities account and for other related purposes.
- 6. I/We will notify CDSC or my/our CDA of any change of my/our information presented in this form and the documents I/we have attached.
- 7. I/We confirm that the funds used in the investment in securities are not arising out of proceeds of crime, money laundering and/or any illegal activities.
- 8. I/We indemnify CDSC against any claims arising out of the provision of any false or misleading information or for any costs or loss arising out of my/our conduct of the account.



Minor birth certificate or passport

CDS ACCOUNT OPENING (CDS 1) FORM



CLIENT DECLARATION (continued)		
Parent/Guardian Name	Signature INSERT SIGNATURE	Date
CDA SECTION		
CDA DECLARATION		
I hereby certify that I have verified the above information	ı and that:	
 This form has been signed in my presence. To the best of my knowledge and information, the nation opening form refer to one and the same person/enti The person signing the account opening form has the documentary evidence. We indemnify CDSC against any claims arising out of holder. 	ty. ee proper authority to do so and I ha	ive examined the necessary
Witnessed and verified by		
Designation	Signature	Date
	INSERT SIGNATURE	
Authorized by		
Designation	Signature	Date
	INSERT SIGNATURE	
CDA Stamp		
Attachment checklist (certified copies):		
ID/Passport of guardian/parent	Certified copy of KRA PIN cer	tificate of guardian/parent
1 recently taken passport photos for minor and parent/guardian	Certified copy of Tax exempti	ion certificate (where applicable)

If not parent, produce Guardianship orders



P.O. BOX 45465 – 00100, Nairobi 14th Floor, Finance House Loita Street, Nairobi.

info@drummond.co.ke / customerservice@drummond.co.ke

MINOR ACCOUNT OPENING FORM

This form is for internal use by Francis Drummond. It is required to comply with the Proceeds of Crime and Anti-Money Laundering Act (POCAMLA) Regulations, 2023; CDSC, CMA, CFT, FATCA/CRS; and the Data Protection Act (Kenya). Please complete all applicable sections truthfully and provide supporting documentation where requested.

MINOR'S DETAILS			
APPLICANT'S DETAILS (1	o be completed in BLOCK LETTERS)		
Surname*	Other Names*		
Date of birth	Nationality	Gender: Male Female	☐ Prefer not to say
SIGNATORY DETAILS (PARENT/GUARDIAN)		
Title: Mr./Mrs./Miss./Dr	TAILS (To be completed in BLOCK LET ./Prof./Eng./other	·	
Date of birth D D M M	Y Y Y Y ID No. / Passport	Nationality	
Relationship with the m	inor*: □ Parent □ Guardian	Gender: □ Male □ Female [☐ Prefer not to say
PARENTAL/GUARDIAN	I PROFILING		
Investment Objective (*) Knowledge Level: Be	<mark>Tick all that apply)</mark> eginner □ Intermediate □ Adva	anced	
What are your primary	investment goals?		
☐ Capital Preservation (protect my money) \square Income (regular	r returns/dividends/interest)	
☐ Growth (medium-lon	g term appreciation) \square Speculation (h	nigh-risk, high-return opportunities)	
☐ Retirement Planning ☐ Education Planning ☐ Other:			
Preferred investment he	orizon:		
☐ Short-term (less than 1 year) ☐ Medium-term (1–5 years) ☐ Long-term (5+ years)			
PARENTAL/GUARDIAN	CONSENT		
We/I hereby			
understood and underta the collection, processing	information we/I have given above ar like to comply, observe and be bound l g, and sharing of my personal data in ange of particulars or information pro	by the terms and conditions set out accordance with the Data Protectio	herein. I consent to
Signature:	Da	te: D D M M Y Y Y Y	



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OFFICIAL USE ONLY		
Name of Staff / Agent	Agent Code:	
Signature:	Date: D D M M Y Y Y Y	
Checked by:	Signature:	
Authorised by:	Signature:	
CUSTOMER INFORMATION CHECKLIST		
☐ For each Nationality, valid identification documents for the guardian/parent were obtained and verified.	☐ Colored passport photographs of the minor and the guardian/parent obtained/captured and authenticated.	
☐ Mandate signatures obtained.	☐ Sources of income/ Funding obtained and verified/M-	
\square Customer contact information obtained	Pesa/Bank Statement (6 Months).	
□ KRA PIN	☐ Foreign individual - letter from employer /student's ID obtained	