

**INVESTMENTS APPLICATION  
FORM - CORPORATE**

**MPESA PAYBILL: 600118**

M No: \_\_\_\_\_

To be filled out by Companies, NGOs, Associations, Saccos/Societies, Partnerships and trust funds. In case of more than three directors, authorised signatories please attach details on a separate sheet.

Transaction to be signed by: Either holders:  All Holders:  Any two (2) to sign:  Other: \_\_\_\_\_

Company / Organization Name: \_\_\_\_\_

Postal Address: \_\_\_\_\_ Code: \_\_\_\_\_ Town: \_\_\_\_\_

Registration No: \_\_\_\_\_ PIN No. \_\_\_\_\_  
(Please attach certified copy of Incorporation/ registration certificate)

Physical Address: \_\_\_\_\_ Email Address: \_\_\_\_\_  
(for official correspondence):

Contact Person: \_\_\_\_\_ Contact No(s) Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Residence: \_\_\_\_\_ ID/Passport No. \_\_\_\_\_

Position in the company/ organization: \_\_\_\_\_ Contact No(s): \_\_\_\_\_

Email Address: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Residence: \_\_\_\_\_ ID/Passport No. \_\_\_\_\_

Position in the company/ organization: \_\_\_\_\_ Contact No(s): \_\_\_\_\_

Email Address: \_\_\_\_\_ Signature: \_\_\_\_\_

Title: \_\_\_\_\_ Name: \_\_\_\_\_

Date of Birth: \_\_\_\_\_ Country of Residence: \_\_\_\_\_ ID/Passport No. \_\_\_\_\_

Position in the company/ organization: \_\_\_\_\_ Contact No(s): \_\_\_\_\_

Email Address: \_\_\_\_\_ Signature: \_\_\_\_\_

**Sources of Funds**

CICAM reserves the right to seek further information / documentation on the source of funds to be invested.

The funds for these investment are from (please tick where applicable):

Sale of Shares  Gift or Inheritance  Disposal of Property  Savings

Loan  Inheritance  Other (Please state) \_\_\_\_\_

**CUSTOMER'S BANK DETAILS**

(Please attach a copy of a certified recent bank statement or a recent copy of a certified cheque or a certified copy of an ATM card as proof of the bank account details entered in the section below)

Account Name: \_\_\_\_\_ Account No. \_\_\_\_\_

Bank Name: \_\_\_\_\_ Branch Name: \_\_\_\_\_

Type of Account (Please Tick): Current  Savings

Signature(s) of applicant / authorised signatories according to mandate provided

\_\_\_\_\_

(Any change of Bank Details above must be provided in writing with adequate proof)

CIC **ONLY** accepts **personal/corporate** and **bankers cheques** payable to the CIC UNIT TRUST COLLECTION A/C. The Bank Account details are as listed below.

**Account Name:** CIC UNIT TRUST COLLECTION A/C  
**Bank:** Co-operative Bank of Kenya  
**Branch:** Co-operative House  
**Branch No:** 02  
**Bank Code:** 11  
**Account No:** 01122190806600

**INVESTMENT DETAILS**

(Minimum investment amount is Kshs.5, 000 for each of the CIC Unit Trust Funds.)

NAME OF FUND	AMOUNT
CIC Money Market Fund	Kshs
CIC Wealth Fund	Kshs
CIC Fixed Income Fund	Kshs
CIC Equity Fund	Kshs
CIC Balanced Fund	Kshs
Total amount invested	Kshs

Total amount in words: \_\_\_\_\_

**Payment Method (Please tick)**

Cheque  Direct Cash / Cheque Deposit  Direct Transfer  M-Pesa   
Re-Invest? Yes  No

**Regular Top Ups (Optional)**

I would wish to make regular top up on a monthly basis of Kshs: \_\_\_\_\_

**STATEMENT AND OTHER CORRESPONDENCE**

(All statements, reports and notices will be sent by default through e-mail. Please ensure your current address is correctly entered. If no e-mail address is provided or post check box is ticked, you will incur postal charges for all correspondence.)

Preferred mode of receiving monthly correspondence: Email:  free Post:  Kshs 50

**GENERAL DETAILS (Please tick where applicable)**

Have you previously invested in the CIC Unit Trust Funds? Yes  No

Are you a CIC Insurance Group Ltd. employee? Yes  No

How did you hear about CIC Unit Trusts? Radio  TV  N/Paper  Word of mouth  Internet

Other (please state): \_\_\_\_\_

**RESIDENTIAL DETAILS**

Land Registration Number: \_\_\_\_\_

Estate: House No. \_\_\_\_\_

Road: \_\_\_\_\_

Town / Area: \_\_\_\_\_

We write to confirm that the above is a description of my residential address. This description has been provided as we do not have any utility bill that may be used to verify our current residential address

**RISK ASSESSMENT** (Please tick where applicable)

**A. What is your age bracket?**

1.  18 - 30 years    2.  31 - 40 years    3.  41 - 50 years    4.  51 - 60 years    5.  Over 60 years

**B. How long do you want to invest?**

1.  0 - 3 years    2.  3 - 5 years    3.  5 - 7 years    4.  7 - 10 years    5.  Over 10 years

**C. What type of savings or investments do you currently hold?**

1. T/Bills     2. Bank savings     3. T/Bonds     4. Property     5. Shares

**D. What do you expect of your income in the next three to five years?**

1. Stop     2. Decline     3. Stay the same     4. Increase Moderately   
5. Increase Significantly

**E. Which one of the following statements best describes your attitude towards investment risk?**

1. I would prefer a low risk investment and preserve my capital   
2. I would prefer a moderate risk investment and preserve my capital   
3. I would prefer a mix of investments with a low exposure to shares   
4. I would prefer a balanced portfolio with medium exposure to shares   
5. I would prefer an aggressive portfolio with a high exposure to shares

**F. In what period do you estimate you will withdraw?**

1. Immediately   
2. Within one year   
3. From 1 - 3 years   
4. From 3 - 5 years   
5. Longer than 5 years

**G. What attracts you to an investment?**

1. Security     2. Security and Income     3. Income     4. Growth and Income     5. Growth

**H. Do you have an emergency fund?**

1. No:     2. Yes, 0 - 3 Months     3. Yes, 3 - 6 Months     4. Yes, 6 - 12 Months     5. Yes, Over 12 Months

An average of your scores will guide your risk appetite.

Kindly get an average of your scores and divide by 7. As per your score, your risk falls under:

Risk Rating	Fund	Description	Fund Objectives
0 - 1	Money Market Fund (MMF)	Low	<ul style="list-style-type: none"> <li>Focus on secure income stream</li> <li>Expect minimal growth on the capital invested</li> <li>Short to medium term preservation of capital</li> </ul>
1 - 2	Wealth Fund (WF)	Low - Moderate	<ul style="list-style-type: none"> <li>Short to medium term preservation of capital</li> <li>Moderate growth on capital invested</li> </ul>
2 - 3	Fixed Income Fund (FIF)	Moderate	<ul style="list-style-type: none"> <li>Reasonable level of current income</li> <li>Expect moderate growth on the capital invested</li> <li>Moderate volatility</li> </ul>
3 - 4	Balanced Fund (BF)	Medium	<ul style="list-style-type: none"> <li>Stable income stream</li> <li>Modest growth on capital invested</li> <li>Medium to long term capital security</li> <li>Expect some protection against inflation</li> </ul>
4 - 5	Equity Fund (EF)	Medium - High	<ul style="list-style-type: none"> <li>Moderate income stream &amp; level of capital volatility</li> <li>Expect potentially high growth on invested capital</li> <li>Long-term return likely to be greater than inflation</li> </ul>

We confirm that we have read and filled in this form. We understand our risk level and we have chosen to invest the following funds in the:

- Money Market:     Wealth Fund:     Fixed Income:     Balanced Fund:     Equity Fund:

## DECLARATIONS, INDEMNITY AND SIGNATURES

We apply for investments into CIC Unit Trusts Funds on the terms, conditions and regulatory information set out in the information memorandum. The information memorandum is available at CIC Offices.

We have read and understood the information memorandum, the charges made by CIC Asset Management Limited and the terms and conditions of this application.

We confirm that the Units are not being acquired directly or indirectly by or on behalf of any person restricted by the law of any jurisdiction from acquiring such units and that We will not sell, transfer or otherwise dispose of any such Units directly or indirectly to or for the account of such person.

We hereby agree that all proceeds for redemption and income distribution will be paid in accordance to the applicable payment Instructions.

We confirm that the money used for the Investment in the CIC Unit Trust Funds are not arising out of the proceeds of any money laundering or other illicit activities.

We agree that CIC Asset Management Limited is not responsible for any liability, losses or damages resulting from e-mail or fax instructions, except when such liability or loss results from negligence, or willful default on CIC's part.

We warrant that all the information given on this proposal and in all documents which have been or will be signed by me in connection with the proposed application whether in my hand writing or not, is true and complete.

We hereby irrevocably and unconditionally agree that all fax, internet, electronic mails and scanned copies of any documentation and/or instructions issued by us in respect of our account(s) or dealings with the Company shall be binding and enforceable against us.

We further agree to fully indemnify CIC Asset Management against any proceedings, claims, expenses and liabilities whatsoever which may be taken or made against or incurred by the Fund manager by reason of the Fund manager accepting the fax, internet, electronic mails, scanned copies of the documentation and/or instructions.

We further confirm that the Fund manager may set-off any such expenses/costs incurred by it in respect of our obligations herein against any of our account(s) with the Fund manager.

WE THE UNDERSIGNED CONFIRM THAT WE HAVE READ AND UNDERSTOOD THIS DECLARATION AND ITS IMPLICATIONS

(Signature of applicants/authorised signatories)

Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## REQUIREMENTS

- Copy of I.D or Passport of signatories
- Copy of company KRA PIN
- Certificate of Incorporation
- Copy of bank details(cancelled cheque, ATM card copy or bank statement)
- Passport pictures of signatories
- Board resolution or Excerpt of minutes

## BROKER / AGENT DETAILS: (For internal use)

Name: \_\_\_\_\_ Financial advisor No. \_\_\_\_\_  
Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Manager (For Financial advisors only) \_\_\_\_\_ Branch: \_\_\_\_\_  
Created by Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_  
Confirmed by Name: \_\_\_\_\_ Signature: \_\_\_\_\_ Date: \_\_\_\_\_

## CIC ASSET MANAGEMENT LTD.

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