IMARA CORPORATE APPLICATION FORM



CORPORATE DETAILS				
Company Name.		Principal Activity.		
Incorporation No. / Registration N	No.			
PIN No.				
Contact Person.		Position in Organisation.		
Office Tel No.				
Email.			Fax.	
Postal Address.	Postal Code.		City/Town.	
Physical Address.				
Website.				
Fill in general partner information	an ac contact names halou			
2 DIRECTORS / AUTHORISE				
DIRECTORS / AUTHORISE	Director 1	Director 2	Director 3	
Title.	Director	Director	Director	_
		_		_
First Name(s).		_		
Surname.				
ID/Passport.				_
Date of Issue.				
Date of Expiry.	_			_
DOB (dd/mm/yy).	_	_		_
KRA PIN No.		_		
Tel No. (Office)				
Mobile No.				
Email Address.		_		
Postal Address.				
Post Code.		_		
City/Town.		_		
Physical Address/Road/Hse No.				
SIGNATURE.				
* In case of more than three director	rs / authorised signatories, please attach de	tails on a separate sheet.		_
3 ADDITIONAL INFORMAT				
	ils of Partners. (In case of more than thre	e partners, please attach d	etails on a separate sheet	_
			more equity, please attach details on a separate she	et
INVESTMENT AMOUNT				
In Figures:-		In Words:-		_
	F OF A THIRD PARTY (NOMINEE/1	RUSTEE ACCOUNT)		
TYPE OF ENTITY.	Trust. Other Legal Entity.			
	Signatory 1	Signatory 2	Signatory 3	
Title.	_			
First Name(s).				_
Surname.				_
ID/Passport.				
DOB (dd/mm/yy).				
Tel No. (Office)		_		
Mobile No.				
Email Address.		_		
Postal Address.				
Post Code.				
City/Town.				
Physical Address/Street/Hse No.				
SIGNATURE.				

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Agent Signature.



INVESTMENT DETAILS	0	TENURE							
Currency: Kenya Shilling					3 Months				
Minimum Investment Amount: KES. 1,000,000					5 Months				
Initial Fee: NIL					12 Months				
Withdrawals before the end of the period selected will attract a 3% penalty charge					24 Months				
Expected Return O					Other				
FOREIGN ACCOUNT TAX COMPLIANCE (FATCA)			SOURCE OF FUNDS						
For Citizens of the Unites States Only			Please attach documentary evi	dend	e, e.g. Payslip, contract c	of sale			
Are you holding a US Permanent Resident Card (Green Card)? Yes			Please attach documentary evidence, e.g. Payslip, contract of salor or bank statement or any other appropriate documentation)						
b Were you born in the US?			Salary/Employment		Gift/Inheritance				
• Have you granted power of attorney to a person with a US addre	ess? Yes	No 🗆	b Pension		9 Savings				
① Do you have a correspondence or Hold mail address in the US?	Yes _	No 🗆	Rental/Property Sale		b Betting/Lottery				
Do you have a standing order to a US Bank Account?	Yes L		d Loan		Business Income				
① Do you have a US Telephone Number?	Yes L	□ No □	Sale of Investment Portfolio		1 Other				
ORIENT ASSET MANAGERS ACCOUNT DETAILS									
Bank: Stanbic Bank Kenya Branch: Chiromo			Currency: KES						
A/c Name: Orient Asset Managers - Imara Fund Account	Account No: 0100009044846		Swift Code: SBICKENX						
Company Account Name. Company Account Number. Bank Name. Branch. 12 SIGNING MANDATE									
All instructions to OAM must be given by (tick where applicable):									
 (a) Either one can sign □ (b) Two to sign jointly □ 		G All mus	t sign \(\bigcup \)	Sing	le Signatory 🗌				
			<u> </u>						
© CORPORATE DOCUMENT CHECKLIST		A D (<u> </u>		S. L. C. 1911				
 Board resolution mandating investment of funds and authorised signatories. 		rental	roof of physical and postal address (certified copy of utility bill, ental lease, title deed or land rates bill)						
ⓑ Certified copy of certificate of registration / incorporation □			① Certified copies of 3 month bank statements.						
3 Copy of ID for each Director □			copy of PIN Certificate for comp	any	and all directors.				
Memorandum & Articles of Association or other applicable incorporation documents.		If government institution, letter from accounting officer.							
$lacktriangledown$ Copy of the latest annual return submitted to the applicable register \qed			Document to support signing mandate.						
• Copy of recent audited financial statements (not more than 2 financial years from date of application.			Affix Company Seal Here.						
For funds originating from outside Kenya, certified proof from clibank confirming necessary due diligence has been conducted regarding nature of business of the remitting entity and source of funds.									
1 DECLARATIONS									
I/We warrant that I am/we are duly authorised to apply for the OAM Umbrella Fund Unit Trust on terms and conditions set on in the Information Memorandum.			I/We hereby confirm that OAM the Manager, Trustee, and the Administrator are each hereby authorised and instructed to accept and execute any instructions						
I/We have read and understood the Information Memorandum the relevant Deed for the particular OAM Umbrella Fund, the charges made by OAM are terms and conditions of this application.	nt Trust nd the	in respect of the units to which this application relates to, given by me/us in writing, or email. I/We hereby indemnify OAM, the Manager, the Trustee and the Administrator and agree that they are not responsible for any liability, losses or damages resulting from the email or written instructions so provided.			l the or				
I/We confirm that the units are not being acquired directly or indirectly by/or on behalf of any person(s) restricted by law of any jurisdiction from acquiring such units and that I/We will not sell, transfer or otherwise dispose of such units directly or indirectly for the account of such persons.			I/We warrant that all information given in this application and in all documents which have been or will be signed by me/us in connection with this application is true and complete.						
I/We hereby confirm that the money used for the investment into the OAM Umbrella Fund is not arising out of money laundering or other illicit activities.			I /We note that past performance is no indication of future performance.						
			I/We note that the value of units may go down as well as up as a result of change in the value of the underlying assets and there is no guaranteed return.						
1 DISCLAIMER									
OAM does not accept cash payments. All payments are to be made to the	OAM bank	accounts ar	d Mpesa Paybill.						
6 OAM does not make payments to 3rd parties. All payments to clients are t	to be made t	to the client	registered bank account used duri	ng ac	count opening.				
6 FOR OFFICIAL USE ONLY									
Agent Name. Agent No.			Date.						

OAM Approval.