

## 1 INDIVIDUAL APPLICATION

Title. Mr. <input type="checkbox"/> Mrs. <input type="checkbox"/> Ms. <input type="checkbox"/>	Other (Specify).	D.O.B	/	/
First Name.	Middle Name.	Surname.		
Gender. Male <input type="checkbox"/> Female <input type="checkbox"/>	Nationality.			
ID No.	Passport No.			
KRA PIN No.	Occupation.	Employer.		
Mobile No.	Office Tel.			
Email.	Alternative Email.			
Postal Address.	Postal Code.	City/Town.		
Physical Address.	Road.	House No.		

**SIGNATURE.**

## 2 JOINT APPLICATION

	Applicant 1	Applicant 2	Applicant 3
Title.			
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.			
Post Code.			
City/Town.			
Physical Address/Road/Hse No.			

**SIGNATURE.**

\* In case of more applicants / authorised signatures, please attach their details on a separate sheet.

## 3 INVESTMENT DETAILS

**a** Currency: **Kenya Shilling**

**b** Minimum Investment Amount: **KES. 1,000,000**

**c** Initial Fee: **NIL**

**d** Withdrawals before the end of the period selected will attract a 3% penalty charge

**e** Expected Return  %

## 4 TENURE

**a** 3 Months

**b** 6 Months

**c** 12 Months

**d** 24 Months

**e** Other

## 5 INVESTMENT AMOUNT

In Figures:-  In Words:-

## 6 FOREIGN ACCOUNT TAX COMPLIANCE (FATCA)

**For Citizens of the Unites States Only**

**a** Are you holding a US Permanent Resident Card (Green Card)? Yes  No

**b** Were you born in the US? Yes  No

**c** Have you granted power of attorney to a person with a US address? Yes  No

**d** Do you have a correspondence or Hold mail address in the US? Yes  No

**e** Do you have a standing order to a US Bank Account? Yes  No

**f** Do you have a US Telephone Number? Yes  No

## 7 SOURCE OF FUNDS

Please attach documentary evidence, e.g. Payslip, contract of sale or bank statement or any other appropriate documentation)

**a** Salary/Employment

**b** Pension

**c** Rental/Property Sale

**d** Loan

**e** Sale of Investment Portfolio

**f** Gift/Inheritance

**g** Savings

**h** Betting/Lottery

**i** Business Income

**j** Other

## 8 EMERGENCY CONTACT / NEXT OF KIN

First Name.	Middle Name.	Surname.
Gender. Male <input type="checkbox"/> Female <input type="checkbox"/>	Relationship.	Nationality.
ID / Passport.	Passport Issue Date.	Passport Expiry Date.
Mobile No.	Email.	
Postal Address.	Postal Code.	City/Town.



## 9 BENEFICIARIES

I/We instruct OAM that in the event of death prior to termination of this agreement or death after the termination of the agreement but OAM has not transferred all funds and securities to the my/our bank account, any funds and securities held by OAM shall be held in Trust to be paid to the beneficiaries listed below:

Name.	ID/Passport	Tel.
Name.	ID/Passport	Tel.
Name.	Minor.	DOB.
Name.	Minor.	DOB.
Name.	Minor.	DOB.
Guardian's Name.	ID/Passport.	Tel.

## 10 BANK DETAILS

Any change of bank details must be provided in writing, duly executed by authorised signatories. No payments will be made to third party accounts. Orient Asset Managers Ltd will not accept money outside the bank accounts listed in the application form.

	Applicant 1	Applicant 2	Applicant 3
Account Name.			
Account Number.			
Bank Name.			
Branch.			

## 11 SIGNING MANDATE

All instructions to OAM must be given by (tick where applicable):

- A** Either one can sign       **B** Two to sign jointly       **C** All must sign       **D** Single Signatory

SIGNATURE. \_\_\_\_\_

## 12 ORIENT ASSET MANAGERS ACCOUNT DETAILS

Bank: <b>Stanbic Bank Kenya</b>	Branch: <b>Chiromo</b>	Currency: <b>KES</b>
A/c Name: <b>Orient Asset Managers - Imara Fund</b>	Account No: <b>0100009044846</b>	Swift Code: <b>SBICKENX</b>

## 13 DOCUMENT CHECKLIST

<b>a</b> Copy of ID for each individual <input type="checkbox"/>	<b>d</b> Proof of banking details (Bank Statement or Cancelled Cheque Leaf or ATM Card front side image) <input type="checkbox"/>
<b>b</b> Copy of KRA PIN for each individual <input type="checkbox"/>	<b>e</b> Source of funds for amounts above 1M <input type="checkbox"/>
<b>c</b> Passport Photo <input type="checkbox"/>	

## 14 DECLARATIONS

<b>a</b> 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.	<b>e</b> I/We hereby confirm that OAM the Manager, Trustee, and the Administrator are each hereby authorised and instructed to accept and execute any instructions 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.
<b>b</b> I/We have read and understood the Information Memorandum the relevant Trust Deed for the particular OAM Umbrella Fund, the charges made by OAM and the terms and conditions of this application.	<b>f</b> 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.
<b>c</b> 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.	<b>g</b> I/We note that past performance is no indication of future performance.
<b>d</b> 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.	<b>h</b> 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.

## 15 DISCLAIMER

- a** OAM does not accept cash payments. All payments are to be made to the OAM bank accounts and Mpesa Paybill.  
**b** OAM does not make payments to 3rd parties. All payments to clients are to be made to the clients registered bank account used during account opening.

## 16 FOR OFFICIAL USE ONLY

Agent Name.	Agent No.	Date.
Agent Signature.	OAM Approval.	