



KNOW YOUR CLIENT FORM
ORGANISATIONS

Securities LTD

Organisation Information	Contact Information
Name of Institution <input style="width: 100%; height: 80px;" type="text"/>	Tel No(s). <input style="width: 100%; height: 50px;" type="text"/>
Business Reg. No. <input style="width: 100%; height: 20px;" type="text"/>	Email Address <input style="width: 100%; height: 20px;" type="text"/>
Date of Incorporation <input style="width: 100%; height: 20px;" type="text" value="DD / MM / YYYY"/>	Postal Address <input style="width: 100%; height: 80px;" type="text"/>
Nature of Business <input style="width: 100%; height: 130px;" type="text"/>	Business Address <input style="width: 100%; height: 80px;" type="text"/>
	Web Address <input style="width: 100%; height: 20px;" type="text"/>

Authorized Signatory 1	Authorized Signatory 2
Name <input style="width: 100%; height: 20px;" type="text"/>	Name <input style="width: 100%; height: 20px;" type="text"/>
Telephone <input style="width: 100%; height: 20px;" type="text"/>	Telephone <input style="width: 100%; height: 20px;" type="text"/>
Signature <input style="width: 100%; height: 40px;" type="text"/>	Signature <input style="width: 100%; height: 40px;" type="text"/>

Authorized Signatory 3	Authorized Signatory 4
Name <input style="width: 100%; height: 20px;" type="text"/>	Name <input style="width: 100%; height: 20px;" type="text"/>
Telephone <input style="width: 100%; height: 20px;" type="text"/>	Telephone <input style="width: 100%; height: 20px;" type="text"/>
Signature <input style="width: 100%; height: 40px;" type="text"/>	Signature <input style="width: 100%; height: 40px;" type="text"/>

Account Mandate

Nature or Type of Investment	Account Type
<input type="checkbox"/> Stock/Shares <input type="checkbox"/> Bonds	<input type="checkbox"/> Discretionary <input type="checkbox"/> Non-Discretionary

Assessment of Client Risk

High Risk Medium Risk Low Risk

Type of Company

Local Company Foreign Company

PEP (POLITICALLY EXPOSED PERSONS) DETAILS

A politically exposed person (PEP) is defined by the Financial Action Task Force (FATF) as an individual who is or has been entrusted with a prominent public function. Do you, or an immediate family member, or known close associate fall under this category?

Yes No

If yes kindly provide details below

Name:

Address:.....

Telephone Number:

Type of Appointment:

Date of Appointment:.....

For Official use only

CSD Account No.

Date

Name

Signature