

AMANA UNIT TRUST FUNDS: CORPORATE TOP UP FORM

Grow, Accumulate, Preserve Wealth



PARTICIPATING EMPLOYER INFORMATION:

Organization Name: _____

Registration or Incorporation NO: _____

CONTACT PERSON (S) INFORMATION:

Title: _____ Surname: _____

Gender:
 M F

Given Names: _____

Company Designation: _____

Email (For all correspondences): _____

Telephone (Home): _____

Mobile Number: _____

Telephone (Work): _____

Extension: _____

Identification Document:
 I.D Card Passport
 (Please Attach copy)

TOP UP INFORMATION:

Please choose your investment option (s):

	Funds	Amount (Kshs)
<input type="radio"/>	AMANA SHILLING FUND	
<input type="radio"/>	AMANA BALANCED FUND	
<input type="radio"/>	AMANA GROWTH FUND	
<input type="radio"/>		

PAYMENT MODE:

- DIRECT DEPOSIT:**
Please attach a completed copy of the stamped bank deposit slip to the application form or email it to info@amanacapital.co.ke with all the relevant documents.
- CHEQUES:**
Please attach the cheque and ensure it is drawn in favour of the relevant Unit Trust. (Value will only be applied after clearance).
- TELEGRAPHIC TRANSFER / ELECTRONIC TRANSFER:**

SOURCE OF FUNDS:

Please indicate source of funds in regards to this investment

- Rental/ Property Sale
- Dividends/Interest
- Maturity Investments
- Sale Of Shares
- Gift/ Donation
- Other (specify): _____

DECLARATION AND SIGNATURE (S):

1. I hereby authorize Amana Capital Ltd to deduct all necessary administration fees from my investment as per the current application fee structure of my fund/s selection.

2. Top up forms can be sent via email : info@amanacapital.co.ke . The sender should confirm receipt of email by calling Amana Capital Ltd. Amana Capital Ltd shall not be liable for any damages whatsoever suffered as a result of an email that was not confirmed as received and herewith disclaims any such liability.

3. I confirm that the information I/We have provided is true, accurate and that the money used for this investment does not arise out of the proceeds of any money laundering or illegal activities.

SIGNATURE: _____ DATE _____ SIGNATURE: _____ DATE _____

How did you hear about Amana Capital? ___ Family/friend(s) ___ Tv/Radio Ad ___ Newspaper ___ Social Media
Other (Please specify) _____

*** FOR OFFICIAL USE ONLY ***

NAME OF FINANCIAL ADVISOR: _____

NAME OF INSTITUTION: _____

EMAIL : _____

SIGNATURE: _____ DATE _____

Investor details check

Signature of client verified

Checked by:

Funds selection

Proof of payment attached

Administrator

APPROVED BY: _____ SIGNATURE _____ DATE _____

PROCESSED BY: _____ SIGNATURE _____ DATE _____