



INDIVIDUAL APPLICANT INFORMATION:

Title: _____ Surname: _____

Gender:

M F

Given Names: _____

Marital Status:

Married Single Divorced Widowed

Date Of Birth:

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Postal Address: _____

Postal Code: _____

Email Address: _____

Telephone (Home): _____ Mobile Number: _____

Telephone (Work): _____ Extension: _____

Check apply where appropriate: (Mark all that apply)

Employed Self Employed Student Retired

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

Country of Residency: _____ Pin # for Kenyan residence _____

Signing Mandate: One To Sign Two to Sign All to Sign

JOINT APPLICANT(S) (For all persons who are joint holders or signatories to this investment account)

Title: _____ Surname: _____

Gender:

M F

Given Names: _____

Marital Status:

Married Single Divorced Widowed

Date Of Birth:

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Postal Address: _____

Postal Code: _____

Email Address: _____

Telephone (Home): _____ Mobile Number: _____

Telephone (Work): _____ Extension: _____

Check apply where appropriate: (Mark all that apply)

Employed Self Employed Student Retired

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

Country of Residency: _____ Pin # for Kenyan residence _____

FUND INFORMATION:

Please choose your investment option (s):

	Funds	Amount (Kshs)
<input type="radio"/>	AMANA DOLLAR FUND	

BANK ACCOUNT INFORMATION:

Account Holder Name(s): _____

Bank Name: _____ Branch Name: _____

Account Number: _____ Account Type: Current Savings

Amana Capital Ltd accepts personal/corporate and bankers cheques payable to the **ACCOUNT NAME** of the fund in which you intend to invest in. **NO THIRD PARTY CHEQUES** will be accepted. Payments can be made directly into the inflow accounts in which case the transfer details must be attached to the application form. Please note that a bank deposit slip will be deemed as a receipt but not as value by Amana Capital Ltd. Your investment account will only be credited upon receipt of value.

BANK NOTE:

Please attach a photocopy of your recent bank statement or a copy of void cheque or a copy of your ATM card as proof of the bank account details entered in the section above. Any change of bank details must be provided in writing. Upon redemption of your investment payment will only be made to the account provided above.

SOURCE OF FUNDS:

Please indicate source of funds in regards to this investment

Sale of an investment portfolio Employment Disposable Income Savings
 Other (specify): _____

Are you TAX exempt? (Please check the appropriate box) Yes No

(If yes Please attach a copy of Tax Exemption Certificate)

MANAGEMENT FEE : (On funds under management)

AMANA DOLLAR FUND - 2.50% P.A

Minimum investment Period 12 Months

BANK NOTE:

Notice to withdraw funds : 30 Days

Premature Withdraw Penalty: 1%

*** Statements & Other Correspondence Shall be sent via default email address.
If no email address is provided , you will incur postal charges of KSHS 140.00 for all correspondence

GENERAL TERMS AND CONDITIONS:

1. You hereby authorize us to purchase and/or sell investments for your account and, to this end, without prior consultation and authority from you, to conclude & continue all or any such transactions for the purchase and/or sale of your investments and to act generally on your behalf in connection with these investments as we deem to be in your best interest and as may actually be required by this mandate.
2. You understand that past performance of investments should not be construed as an indication of future results, which may prove to be better or worse than the past. Investments may go up or down in value, depending on market conditions. That being the case, we make no promises. Representations or warranties that the investments made will result in a profit to the investor.
3. Whilst we will use our best endeavors to manage your investment account successfully and to observe the investment objectives set herein, we shall however not be responsible for failure to achieve such objectives or for any depreciation which may occur in the value of your investments or any part thereof or for any loss whatsoever which may be suffered in connection therewith unless through proven gross negligence or willful default.
4. This mandate shall commence on the date that we receive cleared funds from you, and may be terminated upon the giving of a thirty (30) day notice in writing by either party. Forthwith upon such termination, the respective parties shall perform and discharge all outstanding obligations due to each other.
5. We shall keep all information concerning your account confidential, save that we are expressly permitted to disclose such information as we consider appropriate to any other entities with which an agreement is entered into in order to manage the portfolio and disclose any such information as required by Law.
6. Statements of account are produced quarterly; however monthly interim statements can be made available through email upon request.
7. All fees and commissions including custody and brokerage commissions due to third parties or us shall be debited directly from your investment account unless otherwise agreed in writing.
8. All payments to you shall be made directly to the account indicated on this form. At no time will Amana Capital accept to pay third parties.

DECLARATION AND SIGNATURES

9. I/We agree that all proceeds for redemption and income distribution will only be paid to the bank whose details are on this form as may only be amended in writing by the persons authorized to sign in accordance with form.
10. I/We agree that NO proceeds for redemptions and/or income distribution will be paid to third parties.
11. I/We confirm that the money used for the investment is not the proceeds of any money laundering or other illicit activities. Amana Capital reserves the right to seek evidence of identity and source of investment funds in order to comply with anti-money laundering regulations in force in Kenya from time to time. In such case, delay or failure to provide satisfactory information to Amana Capital may lead to this application being rejected.
12. I/We warrant that the information given in this proposal and in all documents have been or will be signed by me in connection with the proposed application whether in my handwriting or not are true and complete.

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 _____

BENEFICIARY NOMINATION FORM



Amana
Capital Ltd helping you invest

BENEFICIARY INFORMATION:

Beneficiary Name(s): _____

Spouse Child Sibling Parent Other _____

(%) Percentage Allocated: _____

ID/Passport No:
(Please attach Copy) _____

Email: _____ Telephone: _____

Beneficiary Name(s): _____

Spouse Child Sibling Parent Other _____

(%) Percentage Allocated: _____

ID/Passport No:
(Please attach Copy) _____

Email: _____ Telephone: _____

Beneficiary Name(s): _____

Spouse Child Sibling Parent Other _____

(%) Percentage Allocated: _____

ID/Passport No:
(Please attach Copy) _____

Email: _____ Telephone: _____

If Beneficiary is a Minor, please provide Guardian details:

Title: _____ Surname: _____

Gender:

M F

Given Names: _____

Day/ Mo/ Year

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Relationship:

Parent GrandParent Aunt/Uncle Sibling

Date Of Birth:

Postal Address: _____

Postal Code: _____

Email Address: _____

Telephone (Home): _____

Mobile Number: _____

Identification Document:
(Please Attach copy)

I.D Card

Passport _____

I _____ of P.O. Box _____
being an adult of sound mind and therefore competent to make this decision hereunder, I hereby nominate the person(s)
named herein to be the beneficiaries of my investment account (s) held with Amana Capital Ltd in the event of my death.

SIGNATURE: _____

DATE _____



Surname: _____

Given Names: _____

Physical Address

Address: _____

Estate/ House Number: _____

Nearest Landmark: _____

Town: _____

Dear Sir/Madam,

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

Signature : _____ Date : _____

I confirm that the above is the client's residential address.

Financial Adviser : _____

Signature : _____ Date : _____



Date: _____

Dear Sir/ Madam:

Re: Account(s). _____

I, _____ (full names), hereby request Amana Capital Limited, (“the Fund Manager”) to act upon my scanned and signed e-mail instructions (“Instructions”), as advised to the Fund Manager in writing from time to time, in regard to my investment account(s) with the Fund Manager, including, without limitation matters related to funds transfers to, from and within the Fund Manager, breaking of investments, rollovers and settlements of securities, believed by the Fund Manager to be issued by or originated from me if such Instructions are signed by me irrespective of whether such instructions are genuine and/or authorized. So long as the Fund Manager believes in good faith that the instructions are genuine and authorized, the Fund Manager may act upon the instructions and shall not be required to obtain my confirmation that such instructions are genuine.

The Fund Manager may, however, at its sole discretions, decline to act upon the instructions unless and until confirmation, in a form and substance acceptable to the Fund Manager, has been obtained from me.

I agree to indemnify the Fund Manager, its directors, officers and employees against any loss, cost, damage, expenses, liability or proceedings, which it/they may incur or suffer (directly or indirectly) as a result of the Fund Manager or any such, director, officer, or employee acting upon or refraining from acting upon instructions and I acknowledge that neither the Fund Manager nor any of its directors, officers, or employees shall be under any liability to me or any other person for any loss or damage caused as a result (including by reason of delay), direct or indirect, of acting upon or refraining from action upon instructions or in construing or processing such instructions in error, and the Fund Manager may debit any of my account(s) with any amount paid out pursuant to the receipt of instructions. I undertake to confirm by letter, upon your request, all transactions having taken place from time to time pursuant to the instructions.

The Fund Manager shall cease to be under obligation to comply with the instructions if the Fund Manager gives me written notice to such effect. Such notice shall be effective upon the lapse of twenty-four hours from the date of my receipt or seven days from the date of notice, whichever is earlier.

Yours faithfully,

Signature : _____