Saving For Then ...



INDIVIDUAL APPLICANT INFORMATION:			
Title: Surna	me:		
Gender: Other M F Day/ Mo/	Names: Ma	nrital Status:	
Date Of Birth: Postal Address:			Divorced Widowed
Postal Address:	Postal Code:		
Email Address:			
Telephone (Home):	e (Home): Mobile Number:		
Telephone (Work):	ne (Work): Extension:		
Are you self employed? Yes No Name of business/Employer			
Identification Document: (Please Attatch copy)	.D Card Passport		
Country of Residency:	Pi	n # for Kenyan residence	
REMITTANCE INFORMA	TION:		
Regular contributions. Kshs:		NOTE: CASH NOT ACCEPTABLE	
Mode of remittance : Bankers Order	Salary Deduction	Cheque	O Direct debit
Frequency: Monthly	Quarterly	O Semi-annually	Annually
Lumpsum Contribution: Kshs:			
BENEFICIARY INFORMA	ATION:		
Full Name:	ID/PP NO:		Relationship:
Address:			Percentage:
Email:			Telephone No:
Full Name:	ID/PP NO:		Relationship:
			Percentage:
Email:			Telephone No:

MANAGEMENT FEE: (On funds under management)

AMANA MYPENSION - 1.5% P.A

DECLARATION AND SIGNATURE (S):

Thereby confirm that the statements made herein are true and complete to the best of my knowledge. Further, I understand that my membership in the Scheme is on the terms and conditions of the Amana Personal Pension Plan Trust Deed & Rules.

SIGNATURE:

DATE

How did you hear about Amana Capital?
Other (Please specify)

**** FOR OFFICIAL USE ONLY ***

NAME OF FINANCIAL ADVISOR:
NAME OF INSTITUTION:
EMAIL:
SIGNATURE:

DATE

FORM RECEIVED:
APPLICATION NO:
STAFF INITIALS:
DATE



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