



## PARTICIPATING EMPLOYER INFORMATION:

ORGANIZATION TYPE:  Company  SACCO  NGO/Other  School  Church

Employers Name: \_\_\_\_\_

Physical Address: \_\_\_\_\_

Postal Address: \_\_\_\_\_

Email (For all correspondences) : \_\_\_\_\_

Telephone : \_\_\_\_\_

Country of Registration:

KENYA  OTHER \_\_\_\_\_

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)* \_\_\_\_\_

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)* \_\_\_\_\_

## PARTICIPATING DETAILS:

Proposed number of participating employees	
Proposed employer monthly contributions (as a % of the employee's basic salary per month)	
Proposed minimum employee monthly contribution (as a % of employee's basic salary per month)	

### Preferred Mode Of Contribution:

- Cheque
- EFT
- Debit Order

## MANAGEMENT FEE : ( On funds under management )

**AMANA UMBRELLA PENSION - 1.5% P.A**

## DECLARATION AND SIGNATURE (S):

I/we confirm that the above information is true and correct. We agree to be bound by the Umbrella Scheme Trust Deed and Rules as may be amended from time to time . We confirm having attached a copy of the organization certificate of Registration and a duly signed board resolution confirming participation in the Umbrella Pension Scheme

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 \_\_\_\_\_

FORM RECEIVED: \_\_\_\_\_

APPLICATION NO: \_\_\_\_\_

STAFF INITIALS: \_\_\_\_\_ 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 : \_\_\_\_\_