CIC ASSET MA

DOLLAR FUND APPLICATION	
FORM - INDIVIDUAL	

CIC ASSET MANAGEMENT LTD.	
DOLLAR FUND APPLICATION FORM - INDIVIDUAL M No:	CIC GROUP
Title: Name: Surname	Other
Date of Birth: Gender: Male: Fema	le: D/Passport No.
PIN No. Mobile No:	Marital Status:
Nationality: Work Permit Number: Applicable to foreigners res	Work permit Expiry Date:
Email Address (for official correspondence):	
Nature of Occupation / Business:	Signature:
Sources of Funds CIC Asset Management reserves the right to seek further informa	ition / documentation on the source of funds to be invested.
The funds for these investment are from (please tick where appl Sale of Shares Gift or Inheritance Disposal of Prope Loan Inheritance Other (Please state)	\frown \bigcirc \bigcirc
CUSTOMER'S BANK DETAILS (Bank details must be a USD Acco (Please attach a copy of a certified recent bank statement or a ATM card as proof of the bank account details entered in the sec	recent copy of a certified cheque or a certified copy of an
Account Name: Dol	lar Account No.
Bank Name: Branch Na	ame
Type of Account (Please Tick): Current Savings	

Signature of applicant / authorised signatories according to mandate provided

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(Any change of Bank Details above must be provided in writing with adequate proof)

BANK ACCOUNT DETAILS

CIC ONLY accepts personal/corporate and bankers cheques payable to the CIC DOLLAR FUND COLLECTION A/C. The Bank Account details are as listed below.

Account Name: CIC DOLLAR FUND COLLECTION ACCOUNT Bank: Co-operative Bank of Kenya Branch: Upper Hill Bank Code: 11037 Account No: 02120190806600 Swift code: KCOOKENA Currency: USD

INVESTMENT DETAILS (Minimum investment amount is USD 10,000.)

NAME OF FUND	AMOUNT
CIC Dollar Fund	USD

Total amount in words:

Payment Method (Please tick)
Cheque Direct Cash / Cheque Deposit Direct Transfer
Re-Invest? Yes No
Regular Top Ups (Optional) I would wish to make regular top up on a monthly basis of USD:

STATEMENT AND OTHER CORRESPONDENCE

(All statements, reports and notices will be sent by default through e-mail. Please ensure your current address is correctly entered. If no e-mail address is provided or post check box is ticked, you will incur postal charges for all correspondence.)
Preferred mode of receiving monthly correspondence: Email: free Post: USD 0.50

BENEFICIARIES

Name:	ID No.	D.O.B:	Tel:	R/Ship:	% Share

GENERAL DETAILS (Please tick where applicable)	
Have you previously invested in the CIC Unit Trust Funds?	Yes No
Are you a CIC Insurance Group Ltd Employee?	Yes No
How did you hear about CIC Unit Trusts? Radio TV	N/Paper Word of mouth Internet
Other (please state):	

RESIDENTIAL DETAILS

Country:	City/State:
Postal Address:	Code: Town:
Estate:	House No.:
Street Name:	

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

RISK ASSESSMENT (Please tick where applicable)

A. What is your age b	racket?			
1. 18 - 30 years	2. 31 - 40 years	3. 41 - 50 years	4. 51 - 60 years	5. Over 60 years
B. How long do you w	/ant to invest?			
1. 0 - 3 years	2. 3 - 5 years	3. 5 - 7 years	4. 7 - 10 years	5. Over 10 years
C. What type of savin	gs or investments do y	you currently hold?		
1. T/Bills	2. Bank savings	3. T/Bonds	4. Property	5. Shares
D. What do you expe	ct of your income in th	e next three to five years?		
1. Stop	2. Decline	3. Stay the same	4. Increase Moderately	
5. Increase Significate	ely 🗌			
E. Which one of the f	ollowing statements b	est describes your attitude	e towards investment risk?	
1. I would prefer a lov	w risk investment and	preserve my capital		
2. I would prefer a mo	oderate risk investmer	nt and preserve my capital		
3. I would prefer a mi	x of investments with	a low exposure to shares		
4. I would prefer a ba	lanced portfolio with	medium exposure to share	s O	
5. I would prefer an a	ggressive portfolio wi	th a high exposure to share	es 🗌	
F. In what period do y	vou estimate you will v	vithdraw?		
1. Immediately				
2. Within one year				
3. From 1 - 3 years				
4. From 3 - 5 years				
5. Longer than 5 year	s			
G. What attracts you	to an investment?			
1. Security 2. S	ecurity and Income	3. Income	4. Growth and Income	5. Growth
H. Do you have an em	ergency fund?	_	_	
1. No: 2. Yes, 0 -	3 Months 🔵 3. Yes	s, 3 - 6 Months 🗌 4. Yes	, 6 - 12 Months 🔵 5. Ye	s, Over 12 Months 🗌

An average of your scores will guide your risk appetite.

Sum Total: Sum Total divide by 8 = Risk Rating: As per your score, your risk falls under:				
Risk Rating	Fund	Description	Fund Objectives	
0 - 1	Money Market Fund (MMF)	Low	 Focus on secure income stream Expect minimal growth on the capital invested Short to medium term preservation of capital 	
1 - 2	Wealth Fund (WF) / Dollar Fund (DF)	Low - Moderate	 Short to medium term preservation of capital Moderate growth on capital invested 	
2 - 3	Fixed Income Fund (FIF)	Moderate	 Reasonable level of current income Expect moderate growth on the capital invested Moderate volatility 	
3 - 4	Balanced Fund (BF)	Medium	 Stable income stream Modest growth on capital invested Medium to long term capital security Expect some protection against inflation 	
4 - 5	Equity Fund (EF)	Medium - High	 Moderate income stream & level of capital volatility Expect potentially high growth on invested capital Long-term return likely to be greater than inflation 	

I confirm that I read and filled in this form. I understand my risk level and I have chosen to invest in CIC Dollar Fund: Signature: Date:

DECLARATIONS, INDEMNITY AND SIGNATURES

I apply for investments into CIC Unit Trusts Funds on the terms, conditions and regulatory information set out in the information memorandum is available at CIC Offices.

I have read and understood the information memorandum, the charges made by CIC Asset Management Limited and the terms and conditions of this application.

I confirm that the Units are not being acquired directly or indirectly by or on behalf of any person restricted by the law of any jurisdiction from acquiring such units and that We will not sell, transfer or otherwise dispose of any such Units directly or indirectly to or for the account of such person.

I hereby agree that all proceeds for redemption and income distribution will be paid in accordance to the applicable payment Instructions.

I confirm that the money used for the Investment in the CIC Unit Trust Funds are not arising out of the proceeds of any money laundering or other illicit activities.

I agree that CIC Asset Management Limited is not responsible for any liability, losses or damages resulting from e-mail or fax instructions, except when such liability or loss results from negligence, or willful default on CIC's part.

I warrant that all the information given on this proposal and in all documents which have been or will be signed by me in connection with the proposed application whether in my hand writing or not, is true and complete.

I hereby irrevocably and unconditionally agree that all fax, internet, electronic mails and scanned copies of any documentation and/or instructions issued by us in respect of our account(s) or dealings with the Company shall be binding and enforceable against us.

I further agree to fully indemnify CIC Asset Management against any proceedings, claims, expenses and liabilities whatsoever which may be taken or made against or incurred by the Fund manager by reason of the Fund manager accepting the fax, internet, electronic mails, scanned copies of the documentation and/or instructions.

I further confirm that the Fund manager may set-off any such expenses/costs incurred by it in respect of our obligations herein against any of our account(s) with the Fund manager.

I agree that CIC Asset Management Limited is not responsible for any liability or losses which may result from currency exchanges arising from Fund Switch i.e. Switching from Money market fund to Dollar Fund.

I THE UNDERSIGNED CONFIRM THAT I HAVE READ AND UNDERSTOOD THIS DECLARATION AND ITS IMPLICATIONS

(Signature of applicant/authorised signatory)

Signature:	Date:
REQUIREMENTS Copy of I.D or Passport Copy of KRA PIN Passport picture Copy of USD bank details (cancelled cheque, AT Copy of certified work Permit (where applicable)	
BROKER / AGENT DETAILS: (For internal use)	
Name:	Financial advisor No.
Signature:	Date:
Manager (For Financial advisors only)	Branch:

Created by Name: Date: D

CIC ASSET MANAGEMENT LTD.

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 GENERAL • LIFE • HEALTH • ASSET

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