

**INVESTMENTS APPLICATION
FORM - INDIVIDUAL**

MPESA PAYBILL: 600118

Title: Name: Surname Other

Date of Birth: Gender: Male: Female: ID/Passport No.

PIN No. Mobile No: Marital Status:

Postal Address: Code: Town:

Email Address (For official correspondence):

Nature of Occupation / Business: Signature:

Sources of Funds

CICAM reserves the right to seek further information / documentation on the source of funds to be invested.

The funds for these investment are from (please tick where applicable):

Sale of Shares Gift or Inheritance Disposal of Property Savings Salary

Loan Inheritance Other (Please state)

CUSTOMER'S BANK DETAILS

(Please attach a copy of a certified recent bank statement or a recent copy of a certified cheque or a certified copy of an ATM card as proof of the bank account details entered in the section below)

Account Name: Account No.

Bank Name: Branch Name:

Type of Account (Please Tick): Current Savings

Signature of applicant / authorised signatories according to mandate provided

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

BANK ACCOUNT DETAILS

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

Account Name: CIC UNIT TRUST COLLECTION A/C**Bank:** Co-operative Bank of Kenya**Branch:** Co-operative House**Branch No:** 02**Branch Code:** 11**Account No:** 01122190806600**INVESTMENT DETAILS**

(Minimum investment amount is Kshs.5, 000 for each of the CIC Unit Trust Funds.)

NAME OF FUND	AMOUNT
CIC Money Market Fund	Kshs
CIC Fixed Income Fund	Kshs
CIC Equity Fund	Kshs
CIC Balanced Fund	Kshs
Total amount invested	Kshs

Total amount in words:

Payment Method (Please tick)

Cheque Direct Cash / Cheque Deposit Direct Transfer M-Pesa
Re-Invest? Yes No

Regular Top Ups (Optional)

I would wish to make regular top up on a monthly basis of Kshs: _____

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: Kshs 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

Land Registration Number: _____

Estate: House No. _____

Road: _____

Town / Area: _____

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

a. What is your age bracket?

1. 18 - 30 years 2. 31 - 45 years 3. Over 45 years

b. How long do you want to invest?

1. 0 - 3 years 2. 3 - 5 years 3. 5 - 7 years 4. Over 10 years

c. What type of savings or investments do you currently hold? (Please tick where applicable)

1. Unit trust Business 2. Shares 3. Off Shore 4. Property 5. T/Bills 6. T/Bonds
 7. Business 8. Bank savings 9. Other: _____

d. What do you expect of your income in the next three to five years?

1. Increase 2. Stay about the same 3. Decline / Stop

e. Which one of the following statements best describes your attitude towards investment risk?

1. I would prefer a low risk investment and preserve my capital (0-15% shares)
 2. I would prefer a mix of investments with a low exposure to shares (15%-45% shares)
 3. I would prefer a balanced portfolio with medium exposure to shares (45%-70% shares)
 4. I would prefer an aggressive portfolio with a high exposure to shares(75%-100% shares)

f. Would you say you have?

1. A sound and good understanding of investments and financial markets
 2. A basic understanding of investments and financial markets
 3. Very little knowledge of investments but have an interest
 4. No interest or knowledge of any investments

g. What attracts you to an investment?

1. Its good return regardless of the risk
 2. A combination of security and income
 3. Purely security

h. Do you have an emergency fund?

1. No: 2. Yes, but less than six months' worth 3. Yes, dequate to last me more than 1year

An average of your scores will guide your risk appetite.

Kindly get an average of your scores and divide by 7. As per your score, your risk falls under:

Risk Rating	Fund	Description	Fund Objectives
0 - 1	Money Market Fund (MMF)	Low	<ul style="list-style-type: none"> • Focus on secure income stream • Expect minimal growth on the capital invested • Short to medium term preservation of capital
1 - 1.67	Fixed Income Fund (FIF)	Moderate	<ul style="list-style-type: none"> • Reasonable level of current income • Expect moderate growth on the capital invested • Moderate volatility
1.68 - 2.35	Balanced Fund (BF)	Low - Medium	<ul style="list-style-type: none"> • Stable income stream • Modest growth on capital invested • Medium to long term capital security • Expect some protection against inflation
2.36 - 3	Equity Fund (EF)	Medium	<ul style="list-style-type: none"> • Moderate income stream & level of capital volatility • Expect potentially high growth on invested capital • Long-term return likely to be greater than inflation

We confirm that we have read and filled in this form. We understand our risk level and we have chosen to invest the following funds in the:

Money Market: Kshs. _____ Fixed Income: Kshs. _____

Balanced Fund: Kshs. _____ Equity Fund: Kshs. _____

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

(Signature of applicant/authorised signatories)

Signature: _____ Date: _____

BROKER / AGENT DETAILS: (For internal use)

Name: _____ Financial advisor No. _____

Signature: _____ Date: _____

Manager (For Financial advisors only) _____ Branch: _____

Administrator's Signature: _____ Date: _____

Confirmed by signature: _____ Date: _____

REQUIREMENTS

- i) Copy of I.D or Passport
- ii) Copy of KRA PIN
- iii) Passport picture
- iv) Copy of bank details(cancelled cheque, ATM card copy or bank statement)

CIC ASSET MANAGEMENT LTD.

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