



STERLING ASSET MANAGEMENT & TRUSTEES LTD

PERSONAL DATA

Affix a recent
Passport
Photograph

Name: _____
Surname Other Names

Date of Birth: _____ (Attach a copy of your Birth Certificate, Age Declaration, National ID, Voting Card, Drivers License or International Passport)

Home Address: _____
_____ (Attach a copy of Utility bill for address verification)

Telephone _____
Employer's Name/Address/ _____

Telephone Nos: _____

E-mail Address: _____

INVESTMENT TERMS & CONDITIONS

Amount _____ Tenor _____ Agreed Rate _____

Instructions:

Automatic Interest Full termination at
Rollover payment maturity

Payment Frequency: monthly quarterly bi-annually

Payment modes: Cheque Standing order Transfer

PRODUCTS:

SESA SISA SHYTA
SORT SIRA SKET
SKIT

DESIGNATED BENEFICIARIES

In the event of death, beneficiaries named herein shall receive, in the proportions that you have indicated, your total accumulated sum in this product. Please note that for the purpose of this, these beneficiaries shall supercede whoever you have nominated in your WILL and payment will be made to the nominees with no regard for probate or administration.

S/NO	FULL NAME	ADDRESS	RELATIONSHIP	% OF BENEFITS
	TOTAL			100%

Customer Signature Mandate

Passport Photography
Signatory

Name and Signature 1

Passport Photography

Affix a recent
Passport
Photograph

Name and Signature 2

Affix a recent
Passport
Photograph

Mandate Instruction:

FOREIGN NATIONAL ONLY

Nationality Date Arrived Visa No

CERPAC No City/Country of Issuance

CERPAC Valid From: Valid To: Passport No:

Passport Issue Date: Passport Expiry Date: Visa Valid From\To:

Resident Address:

Please note that cash should not be given to any of our representative.

DECLARATION

I hereby declare that the above information is true, and I agree that this application shall be the basis of a contract between **STERLING ASSET MANAGEMENT & TRUSTEES LIMITED (SAMTL)** and me. SAMTL has the right to invest your fund in any investment vehicle.

Participant's Signature _____

Date _____

N.B: Please indicate "Not Applicable" where it is so.

FOR OFFICIAL USE

Customer Name:

Date received _____ Initial payment received _____

Processed By: _____

Signature: _____

Location Verification carried out by:

Name Signature Date

Details of Location

Documentation Checked by

Name Signature Date

Approval to open account given by

Name Signature Date
(Branch Manager or designate)

Account opened on Account No.

Head of Operations approval given by

Signature Date

N.B: Please indicate "Not Applicable" where it is so.