

## ACCOUNT OPENING FORM-INDIVIDUAL

Thank You for choosing BK Capital, Please complete in **BLOCK LETTERS** and tick the appropriate box

### 1. APPLICANT (1)

Title	Surname	Middle Name
First name	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth ...../...../.....	Nationality
ID/Passport No.	Issue Country	
Issue Date ...../...../.....	Expiry Date ...../...../.....	e-mail
Phone No.	Office No.	Other No.

### 2. APPLICANT (2)

Title	Surname	Middle Name
First name	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth ...../...../.....	Nationality
ID/Passport No.	Issue Country	
Issue Date ...../...../.....	Expiry Date ...../...../.....	e-mail
Phone No.	Office No.	Other No.

### 3. APPLICANT (3)

Title	Surname	Middle Name
First name	Marital Status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Other _____
Gender: <input type="checkbox"/> F <input type="checkbox"/> M	Date of Birth ...../...../.....	Nationality
ID/Passport No.	Issue Country	
Issue Date ...../...../.....	Expiry Date ...../...../.....	e-mail
Phone No.	Office No.	Other No.

### 4. ACCOUNT TYPE

Fund Management  Brokerage

### 5. ADDRESS

Resident (Yes/No)	Country	Province
District	Sector	Cell
Village	Street No.	House No.
Country of Birth	Province	
District	Sector	
Cell	Village	

## 6. EMPLOYMENT DETAILS

Employment Status	<input type="checkbox"/> Employed	<input type="checkbox"/> Self Employed	<input type="checkbox"/> Unemployed	<input type="checkbox"/> Retired	<input type="checkbox"/> Student Others _____
Occupation		Income Range		Income Frequency	
Employer's name		Country		Province	
District		Sector		Cell	

## 7. NEXT OF KIN DETAILS

Title		Surname		Middle Name	
Last Name		Relationship			
Gender	<input type="checkbox"/> F	<input type="checkbox"/> M	ID/Passport No.		Issue Date
Expiry Date		Place of Issue		Mobile Number	

## 8. ACCOUNT MANDATE

Sole Signatory  Either to sign  Any Two to sign  Any Other (Specify) \_\_\_\_\_

Please Check "X" on Yes or No for each of the following questions	Yes	No
1. Do you have the U.S as a place of incorporation or organization?		
2. Is the account holder a specified U.S person?		
3. Is the substantial/beneficial owner(s) for the entity a U.S citizen or resident?		
4. Do you have a U.S address, residence, correspondence, P.O. Box or a U.S phone number?		
5. Is your address (including "in care of" or "hold mail") American?		
6. Do you have a standing instruction to transfer funds to an account maintained in U.S?		
7. Do you have a current effective Power of Attorney or have you granted a signatory authority to a person with a U.S address?		

If you responded "Yes" to any of the questions above, please provide the appropriate IRS form.

## 15. BANK ACCOUNT DETAILS

Bank Account		Account Name	
Bank Name		IBAN/SWIFT	
Country		Branch	

## 16. ACKNOWLEDGMENT

I/We hereby confirm the information provided above is true, accurate and complete. I/We undertake to notify BK Capital Ltd. within 30 calendar days if there is any change of information which I have provided to BK Capital Ltd. Subject to applicable laws, I also give consent for BK Capital to share my information with domestic and overseas tax authorities to establish my tax liability in jurisdiction.

Signature (1 <sup>st</sup> Signatory)	Signature (2 <sup>nd</sup> Signatory)	Signature (3 <sup>rd</sup> Signatory)
Name	Name	Name
Date	Date	Date

## FOR BK CAPITAL USE ONLY

Account Opened by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date: \_\_\_\_\_

Account Approved by: \_\_\_\_\_

Signature: \_\_\_\_\_

Date and Stamp: \_\_\_\_\_

## REQUIRED DOCUMENTS FOR DIFFERENT TYPES OF ACCOUNTS

### Residents

- Original and copy of ID/Passport/ National Driving license.
- Quality Colored Passport size photo for each applicant
- TIN Number or Certificate of Incorporation (if applicable)
- Not Blacklisted
- Acceptance of Terms and Conditions.

### Non-Residents

- Original and copy of the passport
- Quality Colored Passport size photo for each applicant
- TIN Number or Certificate of Incorporation (if applicable)
- Letter or contract from employer confirming employment or address confirmation/employment visa.
- Not Blacklisted
- Acceptance of Terms and Conditions.



## BK CAPITAL SCHEME CONTRIBUTION FORM

### Account Type

Single     Joint     Institutional     ITF     Others

### Personal Details

Name

Email Address

Phone Number

### Investment Type

Aguka     Other

### Investment Option

Income Option     Reinvestment Option

### Contribution Amount Details

Payment Options :

Bank Transfer     Mobile Money     Cheque

Amount in Figures (Rwf)

Amount in Words (Rwf)

BK - AGUKA ACCOUNT NO: 00040-06983907-43

Signature \_\_\_\_\_ Date \_\_\_\_\_



**FOR OFFICIAL USE ONLY**

\_\_\_\_\_  
**Name of Reviewer**

\_\_\_\_\_  
**Signature**

\_\_\_\_\_  
**Verified by BKCFM OPs**

\_\_\_\_/\_\_\_\_/\_\_\_\_  
**Date**



**E-MAIL INDEMNITY**

TO: BK Capital Ltd. P.O. BOX 175, Kigali, Rwanda

I \_\_\_\_\_ of Mailing address \_\_\_\_\_

ID / Ppt No \_\_\_\_\_ ("hereinafter referred to as "the Client") has requested BK Capital Ltd. Of P.O Box 494 Kigali ("hereinafter referred to as "the BK Capital") to act on instructions transmitted via e-mail address\_\_\_\_\_. BK Capital is prepared to act the instructions received via the e-mail address stated above subject to the client Providing the indemnity in the form herein below stated and on the terms and conditions stated below:

1. The Client shall furnish the bank with an e-mail address from which BK Capital can accept instructions. The Client shall be entitled to amend the aforementioned e-mail by written instructions duly executed per the authorized mandate via the existing email in BK Capital records. This indemnity is valid until any further withdraw by authorized signatory.
2. All e-mail instructions of the Client to BK Capital shall be authorized by the Client as per the Authorized mandate provided by the Client to BK Capital.
3. The Client hereby agrees that where BK Capital receives an e-mail from an e-mail address that is different from the email address existing in the bank's records it shall not honor the instructions. If the BK Capital suspects an email to have been tampered with or from a fraudulent source, it shall not honor the instructions.
4. The Client agrees that all e-mail instructions shall be deemed to be given by the Client in the form received by BK Capital irrespective of any distortions occurring during transmission of the message.
5. Without prejudice to the foregoing, the Client shall indemnify and keep BK Capital indemnified from, defend the Bank against, and pay any final judgment awarded against BK Capital, resulting from third party claims arising from the use of the Services leading to loss or damage (including consequential loss or damage) where the Proximate cause of such loss or damage is attributable to the Client's negligence, recklessness, indifference, unreasonable delay or any other cause howsoever arising.
6. BK Capital shall not be liable to the Client or any other person where:
  - i. The Client has entered incorrect details and the payment is made to the wrong recipient
  - ii. The client is acting outside of authorized mandate.
  - iii. The Client emails are not received by BK Capital or recipient of mails from the Clients address is temporarily or permanently barred. The transaction details received do not contain the correct information.
- IV. The transaction is suspicious or fraudulent resulting in losses to the third party and the transaction details received do not contain the correct information
- V. Unforeseen circumstances prevent the execution of a request by BK Capital despite any reasonable Precautions taken. Such circumstances may include, but are not limited to acts of God, power outages, fire, flood, theft, equipment breakdowns, internal mechanical malfunction, or the System delays or failures.
7. The Client hereby agrees to adhere to procedures and/or restrictions imposed by BK Capital with regard to issuance of e-mail instructions to the BK Capital.
8. All the matters envisaged in the present document including but without limitation to the indemnity, validity, interpretation and effect shall be governed by the laws of the Republic of Rwanda and BK Capital policies and procedures.
9. Any dispute between the Parties relating to the interpretation or performance of this deed that cannot be settled amicably within thirty (30) days will be referred to the Courts of the Republic of Rwanda

**Signed by the duly authorized signatories:**

Name: \_\_\_\_\_ Passport No/ID. \_\_\_\_\_ Signature: \_\_\_\_\_

Name: \_\_\_\_\_ Passport No/ID. \_\_\_\_\_ Signature: \_\_\_\_\_

Customer Email: \_\_\_\_\_ Date: \_\_\_\_\_