

A. Client details

Name of institution _____

Registered address _____

Date of registration _____ Registration Number _____

Activities involved in _____

Main contact person _____ Capacity _____

Tel _____ Fax _____ Email _____

Website _____

B. List of Directors / Partners / Controlling Shareholders

NAME	N.I.C NUMBER	RESIDENTIAL ADDRESS

C. Authorised Signatories

NAME	N.I.C NUMBER	SPECIMEN SIGNATURE

D. Authorisations

Orders and instructions by phone, email or fax, to be accepted at your own risk, when transmitted to us from the above numbers or email address?

Yes No

Settlement of purchases and all other commissions and fees to be debited from your MCB account?

Yes, account number _____ No

Sales proceeds to be credited to your MCB account?

Yes, account number _____ No

Do you authorise MCB Stockbrokers Ltd to sign application forms, tender forms and CDS Account opening and Deposit forms on your behalf?

Yes No

Dividends to be credited to your bank account by company or fund registries?

Yes, account number _____ Bank Name: _____

No

Signature (1) _____ Signature (2) _____

Date _____

OFFICE USE ONLY	
Received by:	Checked by:
Date	