

Debit Order Form

Collective Investments (Unit Trust): Kenya

CLIENT DETAILS

ENTITY / ACCOUNT NUMBER	<input type="text"/>
NAME & SURNAME / ENTITY NAME	<input type="text"/>
IDENTITY/PASSPORT/REGISTRATION NUMBER	<input type="text"/>
CELL PHONE NUMBER	<input type="text"/>

DEBIT ORDER DETAILS FOR A NEW RECURRING DEBIT ORDER

DEBIT ORDER PREFERRED DATE 1ST (DEFAULT DATE) 15TH 25TH COMMENCEMENT DATE -
M M Y Y Y Y

PAYMENT FREQUENCY MONTHLY QUARTERLY BI-ANNUALLY ANNUALLY

*If no date is selected, we will default to the 1st of the following month.

*If the payment frequency is not selected, we will default to monthly.

Portfolio Name	Account Number	Amount
1.		KSh
2.		KSh
3.		KSh

CHANGE OF RECURRING DEBIT ORDER DETAILS

The product minimum recurring debit order amounts must be met.

CHANGE AN EXISTING DEBIT ORDER YES NO

CANCEL AN EXISTING DEBIT ORDER YES NO

EFFECTIVE DATE OF CHANGE - -
D D M M Y Y Y Y

Portfolio Name	New debit order amount	Change debit order portfolio to (specify new portfolio name)
1.	KSh	
2.	KSh	
3.	KSh	



BANKING DETAILS FOR DEBIT ORDER

BANK																													
BRANCH																			BRANCH CODE										
ACCOUNT NUMBER																													
ACCOUNT TYPE	<input type="checkbox"/> CHEQUE	<input type="checkbox"/> SAVINGS	<input type="checkbox"/> TRANSMISSION																										
ACCOUNT HOLDER'S ID NUMBER																													
ACCOUNT HOLDER'S NAME																													
SIGNATURE OF BANK ACCOUNT HOLDER / AUTHORISED SIGNATORY																			DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
																			SIGNED AT										
SIGNATURE OF BANK ACCOUNT HOLDER / AUTHORISED SIGNATORY																			DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
																			SIGNED AT										
SIGNATURE OF BANK ACCOUNT HOLDER / AUTHORISED SIGNATORY																			DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>		
																			SIGNED AT										

DECLARATION

I/We agree to provide all documentation and information required and understand that STANLIB is prohibited from processing any transaction on my/our behalf until all such documentation has been provided. I/We confirm that all information provided herein is true and correct and that I/we have read and understood the contents of this form.

SIGNATURE OF CLIENT / AUTHORISED SIGNATORY																			DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
																			SIGNED AT								
SIGNATURE OF CLIENT / AUTHORISED SIGNATORY																			DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
																			SIGNED AT								
SIGNATURE OF CLIENT / AUTHORISED SIGNATORY																			DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
																			SIGNED AT								
SIGNATURE OF FINANCIAL ADVISER / BUSINESS CONSULTANT																			DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
																			SIGNED AT								

