

ACCOUNT OPENING FORM-COMPANIES, PUBLIC INSTITUTIONS, NGOs, GROUPS, COOPERATIVES

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

1. REGISTRATION DETAILS

Institution/Company Name		TIN No	
Registration No		Account Name	
Incorporation/Registration Date: DD	<input type="text"/>	MM	<input type="text"/> YY <input type="text"/>

2. ACCOUNT TYPE

Fund Management
 Brokerage

3. ADDRESS

Country		Province	
District		Sector	
Cell		Village	
Street No.		Postal Address	
Telephone Office Number		Mobile Number	

4. TYPE OF BUSINESS/ORGANIZATION

Sole Trader
 Partnership
 Limited Company
 Limited Liability Partnership
 NGO
 Cooperative
 Group
 Public Institution

Estimated Annual Turnover in Frw or in USD		Number of Employees	
Estimated Capital Invested in Frw or in USD			
Business Description			

5. DIRECTOR'S DETAILS (1)

Title		First Name	
Last Name		e-mail	
Gender		ID/Passport No.	Issue Date
Expiry Date		Place of Issue	Place of Birth
Nationality		Postal Address	Mobile No.
Resident (Yes/No)		Country	Province
District		Sector	Cell
Village		Date Appointed	Position

6. DIRECTOR'S DETAILS (2)

Title		First Name	
Last Name		e-mail	
Gender		ID/Passport No.	Issue Date
Expiry Date		Place of Issue	Place of Birth
Nationality		Postal Address	Mobile No.
Resident (Yes/No)		Country	Province
District		Sector	Cell
Village		Date Appointed	Position

7. DIRECTOR'S DETAILS (3)

Title		First Name	
Last Name		e-mail	
Gender		ID/Passport No.	Issue Date
Expiry Date		Place of Issue	Place of Birth
Nationality		Postal Address	Mobile No.
Resident (Yes/No)		Country	Province
District		Sector	Cell
Village		Date Appointed	Position

- For Additional Directors, request for additional form specific for Directors' details

8. SHAREHOLDER'S DETAILS (1)

Title		Names	
Shareholder Type		No. of Shares	Share %
Nationality		ID/Passport No.	Date of Issue
Expiry Date		Date of Birth	Place of Birth (for Individuals)
Country		Town	Postal Address

9. SHAREHOLDER'S DETAILS (2)

Title		Names	
Shareholder Type		No. of Shares	Share %
Nationality		ID/Passport No.	Date of Issue
Expiry Date		Date of Birth	Place of Birth (for Individuals)
Country		Town	Postal Address

10. SHAREHOLDER'S DETAILS (3)

Title	Names				
Shareholder Type			No. of Shares	Share %	
Nationality	ID/Passport No.		Date of Issue		
Expiry Date	Date of Birth	Place of Birth (for Individuals)			
Country	Town	Postal Address			

- For Additional Shareholders, request for additional form specific for Shareholders' details

11. ACCOUNT MANDATE

Singly
 Jointly, Any _____
 Either
 Any Other (Specify) _____

12. SIGNATORY DETAILS (1)

Title	First Name	Middle Name			
Last Name	ID/Passport No.				
Position	Nationality	Resident (Yes/No)			

13. SIGNATORY DETAILS (2)

Title	First Name	Middle Name			
Last Name	ID/Passport No.				
Position	Nationality	Resident (Yes/No)			

14. SIGNATORY DETAILS (3)

Title	First Name	Middle Name			
Last Name	ID/Passport No.				
Position	Nationality	Resident (Yes/No)			

- For Additional Signatories, request for additional form specific for Signatories' details

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 st Signatory)		Signature (2 nd Signatory)	
Name		Name	
Date		Date	
Signature (3 rd Signatory)		Signature (4 th Signatory)	
Name		Name	
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

<p>Partnership</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Business License, Certificate of Incorporation or/and Business Permit. <input type="checkbox"/> Memorandum of Association. <input type="checkbox"/> Letter signed by all partners to open an account in BK Capital and notifying signatories and signing powers. <input type="checkbox"/> 1 Photocopy of ID card or passport or other valid identification for each signatory. <input type="checkbox"/> 2 passport photographs of each signatory. <input type="checkbox"/> Full identification of each signatory. <input type="checkbox"/> Acceptance of Terms and Conditions. 	<p>Corporation</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of Certificate of Incorporation or/and Business Permit <input type="checkbox"/> Memorandum of Association. <input type="checkbox"/> Board resolution to open an account in BK Capital and notifying signatories and signing powers. <input type="checkbox"/> 1 Photocopy of ID card or passport or other valid identification for each signatory. <input type="checkbox"/> 2 passport photographs of each signatory. <input type="checkbox"/> Full identification of each signatory. <input type="checkbox"/> Acceptance of Terms and Conditions. 	<p>NGO</p> <ul style="list-style-type: none"> <input type="checkbox"/> Government registration certified copy <input type="checkbox"/> Appointment letter of signatories (Power of Attorney) <input type="checkbox"/> Board resolution to open an account in BK Capital and notifying signatories and signing powers. <input type="checkbox"/> 1 Photocopy of ID card or passport or other valid identification for each signatory. <input type="checkbox"/> 2 passport photographs of each signatory. <input type="checkbox"/> Full identification of each signatory. <input type="checkbox"/> Acceptance of Terms and Conditions.
<p>Public Bodies</p> <ul style="list-style-type: none"> <input type="checkbox"/> Ministry registration or equivalent document. <input type="checkbox"/> Appointment letter of signatories (Power of Attorney). <input type="checkbox"/> Board resolution to open an account in BK Capital and notifying signatories and signing powers. <input type="checkbox"/> 1 Photocopy of ID card or passport or other valid identification for each signatory. <input type="checkbox"/> 2 passport photographs of each signatory. <input type="checkbox"/> Full identification of each signatory. <input type="checkbox"/> Acceptance of Terms and Conditions. 	<p>Clubs, Friendly Groups, Mutual funds, Chorus Groups</p> <ul style="list-style-type: none"> <input type="checkbox"/> MOU creating the club. <input type="checkbox"/> Letter from the governing body to open an account notifying signatories and signing powers. <input type="checkbox"/> 1 Photocopy of ID card or passport or other valid identification for each signatory. <input type="checkbox"/> 2 passport photographs of each signatory. <input type="checkbox"/> Full identification of each signatory. <input type="checkbox"/> Acceptance of Terms and Conditions. 	<p>Cooperatives, Unions</p> <ul style="list-style-type: none"> <input type="checkbox"/> Articles of Association <input type="checkbox"/> Registration document from RCA (or temporary authorization from District when not available) <input type="checkbox"/> Board resolution to open an account in BK Capital and notifying signatories and signing powers. <input type="checkbox"/> 1 Photocopy of ID card or passport or other valid identification for each signatory. <input type="checkbox"/> 2 passport photographs of each signatory. <input type="checkbox"/> Full identification of each signatory. <input type="checkbox"/> 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: _____