



CORPORATE ORGANIZATIONS PROPOSAL FORM

GENERAL INFORMATION

The proposal form is to be completed by all organizations.

Name:

Registration No: <i>attach copy</i>	RRA PIN: <i>attach copy</i>	Phone No:
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Nature of Business:	Email:
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CURRENT PERMANENT ADDRESS

Address Box:	Code:	Town:
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Physical Address:

SCHEME DETAILS

Type of Fund: *please indicate whether pension or provident*

Type of Scheme: *please indicate whether GIPP, Umbrella or Standalone*

Scheme Commencement Date: *Month/ Year*

Type of Fund:

- Employee Rate
 Employer Rate

Industrial Sector Classifications: *please select from the below list*

Description	Description
1. Agriculture, Forestry and Fishing	10. Information and communication
1.1. Growing of Crops	10.1 Telecommunication
1.2 Animal Production	10.2 Publishing, broadcasting, other IT and information services
1.3 Supporting Activities to Agriculture	11. Financial and Insurance Activities
1.4 Forestry and Logging	11.1 Financial Activities
1.5 Fishing and Aquaculture	11.2 Insurance Activities
2. Mining and Quarrying	12. Real Estate
3. Manufacturing	13. Professional, Scientific and Technical Activities
3.1 Manufacture of food, beverages and tobacco	14. Administrative and Support Service Activities
3.2 Other manufacturing and repair and installation	15. Public Administration and Defense
4. Electricity Supply	16. Education
5. Water Supply; Sewerage, Waste Management	17. Human Health and Social Work Activities
6. Construction	18. Arts, Entertainment and Recreation
7. Wholesale and Retail Trade; Repairs	19. Other (Specify)
8. Transportation and Storage	
8.1 Land Transport	
8.2 Air transport including support services	
8.3 All other transport including postal and courier services	
9. Accommodation and food service activities	

SPECIFIC INFORMATION – AS APPLICABLE

<p>1. For Sole Traders: Certified copies of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> National ID/Passport of the proprietor; and <input type="checkbox"/> RRA PIN certificate. 	<p>2. For Partnerships: Certified copies of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> List of current partners; with <input type="checkbox"/> Copies of IDs/passport and RRA PIN certificates.
<p>3. For Corporate Institutions: Certified copies of following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Executed resolution granting authority to transact; and <input type="checkbox"/> Last filled annual returns (CR12); <input type="checkbox"/> Company Registration Certificate <input type="checkbox"/> RRA PIN Certificate 	<p>4. For Trust Arrangements: Certified copies of the following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Copy of the Trust Deed and Rules; and <input type="checkbox"/> Copies of IDs/passport and PIN certificates of the Trustees. <input type="checkbox"/> Executed resolution granting authority <input type="checkbox"/> Registration Certificate
<p>5. For Government departments and Parastatals: Copies of following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Act establishing the Body Corporate; and <input type="checkbox"/> Letter from Accounting Officer granting authority to transact. 	<p>6. For Clubs, Societies and Associations: Copies of following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Resolutions granting authority to transact; <input type="checkbox"/> Copies of IDs/passport and PIN certificates of the Officials; <input type="checkbox"/> Registration Certificate
<p>7. For Unregistered Clubs and Associations: Copies of following:</p> <ul style="list-style-type: none"> <input type="checkbox"/> Resolutions granting authority to transact; and <input type="checkbox"/> Copies of IDs/passport and PIN certificates of the Officials. <input type="checkbox"/> List of all members bearing full names, dates of birth & IDNos. 	

CONTACT PERSON DETAILS

Name:		ID/Passport Number:
RRA PIN:	Nationality:	Phone:
Email:	Address:	

INTERMEDIARY DETAILS

Name:		ID/Passport Number:
RRA PIN:	Debit Number:	Phone:
Email:	Address:	

EMAIL AND TELEPHONE INSTRUCTIONS INDEMNITY

Notwithstanding the fact that BK Capital is not obliged to accept and act on any instructions that come from me through my email address or telephone number, I authorize BK Capital to act on instructions transmitted via my e-mail address, and telephone number..... I hereby declare that BK Capital will not be liable for any loss (consequential or otherwise) incurred by me as a result of BK Capital acting or declining to act (wholly or in part) on instructions which BK Capital believes to have been given in conformity with the above, whether or not such instructions have been so given. The fact that any instruction may later be shown to be in any way false, incomplete, inaccurate, delayed, erroneous, unauthorized or otherwise not authentic, should not be an impediment to the rights of BK Capital.

Signed this day of in the year	Signature of Applicant :
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DISCLOSURE OF INFORMATION AND CONFIDENTIALITY

BK Capital will treat all information as private and confidential even when you are no longer a customer. Nothing about your accounts nor your name and address will be disclosed to anyone except to the following classes of people or in the following exceptional circumstances:

1. To BK Capital (our parent company) and any other member of the permitted parties in any jurisdiction; and
2. Where BK Capital is legally compelled to do so under any Rwandan or any foreign laws as may be applicable from time to time (including without limitation, the United States' Foreign Account Tax Compliance Act (FATCA) or any such similar law in any relevant jurisdiction, any anti-moneylaundering legislation and any data protection legislation).

Please confirm the entity's FATCA status by selecting Yes or No:

Is the entity incorporated in the US? Yes No

Is the shareholder/ultimate beneficial owner /controlling person* of the entity a US citizen or resident? (10 percent ownership threshold is required for determining a substantial US person) Yes No

Please confirm the signatory's PEP status by selecting Yes or No:

1. Does the signatory hold / or has s/he ever held a political office or a high ranking public office?

Yes No

2. Does the signatory's close relatives hold / ever held a political office or a high ranking public office?

Yes No

A politically exposed person (PEP) is an individual who has been entrusted with prominent public functions in a country or jurisdiction, such as the head of state, senior politician (political party leader), senior central and county government official (members of the cabinet and their assistant governors, county speakers, county executive secretaries), judicial (judges or magistrates) or military official (Commander level and above), a senior executive of a state-owned corporation (CEO or MD) or political party officials (Elected officials in the National Executive Council), as well as their families (spouse, children, parents and siblings) and close associates (close friends and business associates).

TERMS AND CONDITIONS

1. This application has been made to BK Capital according to the Company terms and conditions;
2. I declare the above statements are to my knowledge and belief true and complete;
3. I understand and agree that BK Capital will be sending all communication and documentation through supplied email address and/or telephone number;
4. That I hereby request and authorize the company to honor and act upon any and all instructions sent by fax, internet, electronic mail and scanned copies of documentation for investment transactions with the company which have been issued and provided by Me through the e-mail address provided above; and
5. The company shall not be liable for having acted in good faith upon instructions purporting to come from Me/Us but which, is subsequently discovered to, or may, emanate from unauthorized individuals or in any other circumstances whatsoever.

DECLARATION BY THE PARTICIPATING INSTITUTION

We do hereby apply and agree to be bound by the terms of the Deposit Administration Contract of the BK Capital and this is as signified by the execution here below:

Authorized signatory:

Name:

Signature:

Designation:

Date:

Official stamp / Official seal

Witnessed by:

Name: Designation:

Signature: Date:

FOR OFFICIAL USE

I confirm that I have checked the details given above for completeness and submit that they conform to the minimum requirements for KYC.

Name and Designation of Authorized Official:

Date & Stamp:

Signature of Authorized Official: