

CUSTOMER DECLARATION FORM

FOR INDIVIDUAL APPLICANT

Please print in block letters using black or blue ink.

APPLICANT'S DETAILS

Title	Mr ☐	Ms ☐	Mrs ☐	Other																
First names											Initials									
Surname																				
ID/Passport No.																				
Nationality																				
Are you resident for tax purposes in the Republic of Kenya?											YES	☐	NO	☐						
Are you resident for tax purposes in the United States of America?											YES	☐	NO	☐						
If "YES", provide your US tax reference number.																				
Are you resident for tax purposes in any other country?											YES	☐	NO	☐						
If "YES", in what countries?																				

RESIDENTIAL INFORMATION

Land Registration (L.R.) Number																				
Estate																				
House Number																				
Road																				
Town/ Area																				
Country																				

NOTES

- We are asking for your tax residency and tax reference numbers and will update this on our records now, but will only disclose this information to the relevant tax authorities when we are required to.
- Your tax residence is generally the country in which you live for more than half of any year and in which you pay tax. Special circumstances (such as studying or working outside of your country or extended travel) may cause you to be resident elsewhere or resident in more than one country at the same time (dual residency). If you are a US citizen or hold a US passport or green card, you will also be considered tax resident in the US even if you live outside the US, unless you have given up your citizenship.
- Nationality is usually detailed in your passport.

CERTIFICATION AND UNDERTAKING

I certify that the information provided above is correct and complete.

I undertake to advise Omni Marché Sécurité Africa Limited (OMS) immediately of any change in circumstances that causes the information contained herein to become incorrect, and to provide Omni Marché Sécurité Africa Limited (OMS) with an updated self certification form within 90 days of such change.

Signature of Applicant

Date

Name of Financial Advisor/ Authorizing Officer

Signature of Financial Advisor/ Authorizing Officer

Date



OMNI MARCHÉ
SÉCURITÉ AFRICA LIMITED