



CONTINENTAL
ASSET MANAGEMENT

Licensed under the Securities Act 2010

ACCOUNT OPENING FORM
INDIVIDUALS /JOINT ACCOUNT HOLDERS/MINORS

NOTE: Please complete in BLOCK LETTERS and Tick (✓) where applicable.

Type and purpose
of account operation

Beneficial Ownership

You are the beneficial owner of the investments to be deposited in this Account (and for a joint Account, all of you are collectively the beneficial owners). The beneficial owner is the person who owns or has control over the Investments in the Account, whether through ownership or other means

Name and address of
any other Beneficial Owner

SECTION A: ACCOUNT HOLDER

Title Mr Mrs Miss Dr Prof Other.....

Surname

First Name(s)

Previous Name

Gender Male Female Date of birth.....

Identity Type Identity Number..... Date of Expiry

Are you a Malawian citizen Yes No *If no, list all countries in which you have citizenship*

.....

Country of residence

Continental Asset Management Limited
1st Floor ,Ulimi House, Glyn Jones Road, PO Box 1444, Blantyre, Malawi Tel: +265(0) 1 828 363

Email: info@continental.mw

Website: www.continentalasset.com

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Type of permit
 Tax Identification Number
 Postal Address
 Residential Address
 Residence type Self-Owned Rented family Other
 Mobile number: Tel number: E-mail Address:

Occupation status Salaried Self-employed Retired Politician unemployed Other
 Position held.....
 Period of occupation status Nature of Business (if applicable)
 Employers Name Address Tel Number
 Gross Annual Income K
 Source of funds invested Salary Business Dividends Commission inheritance Gift personal savings Other

Marital status Single Married Divorced Widowed
 Spouse first name(s) and maiden name Nationality
 Spouse Identity Number Spouse occupation
 Spouse contact numbers Spouse Email
 Number of Dependants
 Do you have a will? Yes No
 Have you ever been declared insolvent No Yes *If yes state* Date of rehabilitation.....

EXISTING ACCOUNTS AT OTHER INSTITUTION(S)

Name of institution	Acc number	Branch	Account title	Type of account
.....
.....

Are you on any party connected to you, a politically affiliated person (PEP)? No Yes *If yes please complete the table below*

Name of PEP	Nature of prominent public function	Country	Relationship with Legal person	Source of wealth and funds of PEP

SECTION B : JOINT ACCOUNT HOLDER 1

Title Mr Mrs Miss Dr Prof Other.....

Surname.....

First Name(s).....

Previous Name

Gender Male Female Date of birth.....

Identity Type Identity Number..... Date of Expiry

Are you a Malawian citizen Yes No *If no, list all countries in which you have citizenship*

.....

Country of residence

Type of permit

Tax Identification Number

Postal Address

Residential Address

Residence type Self-Owned Rented family Other

Mobile number: Tel number: E-mail Address:

Occupation status Salaried Self-employed Retired Politician unemployed Other.....

Period in occupation status Nature of Business (if applicable)

Employers Name Address Tel Number

Gross Annual Income K

Source of funds invested Salary Business Dividends Commission inheritance Gift personal savings Other

Marital status Single Married Divorced Widowed

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Spouse first name(s) and maiden name Nationality

Spouse Identity Number Spouse occupation

Spouse contact numbers Spouse Email

Number of Dependants

Do you have a will? Yes No

Have you ever been declared bankrupt No Yes *If yes state Date of rehabilitation.....*

EXISTING ACCOUNTS AT OTHER INSTITUTION(S)

Name of institution	Acc number	Branch	Account title	Type of account
.....
.....

Are you on any party connected to you, a politically affiliated person (PEP)? No Yes *If yes please complete the table below*

Name of PEP	Nature of prominent public function	Country	Relationship with Legal person	Source of wealth and funds of PEP

SECTION C: JOINT ACCOUNT HOLDER 3

Title: Mr Mrs Miss Dr Prof Other.....

Surname

First Name(s)

Previous Name

Gender Male Female Date of birth.....

Identity Type Identity Number..... Date of Expiry

Are you a Malawian citizen Yes No *If no, list all countries in which you have citizenship*

.....

Country of residence

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Type of permit

Tax Identification Number

Postal Address

Residential Address

Residence type Self-Owned Rented family Other

Mobile number: Tel number: E-mail Address:

Occupation status Salaried Self-employed Retired Politician unemployed

Other.....

Period in occupation status Nature of Business (if applicable)

Employers Name Address Tel Number

Gross Annual Income K

Source of funds invested Salary Business Dividends Commission inheritance Gift personal savings Other

Marital status Single Married Divorced Widowed

Spouse first name(s) and maiden name Nationality

Spouse Identity Number Spouse occupation

Spouse contact numbers Spouse Email

Number of Dependants

Do you have a will? Yes No

Have you ever been declared bankrupt No Yes *If yes state* Date of rehabilitation.....

EXISTING ACCOUNTS AT OTHER INSTITUTION(S)

Name of institution	Acc number	Branch	Account title	Type of account
.....
.....

Are you on any party connected to you, a politically affiliated person (PEP)? No Yes *If yes please complete the table below*

Name of PEP	Nature of prominent public function	Country	Relationship with Legal person	Source of wealth and funds of PEP

SECTION D: JOINT ACCOUNT HOLDER 4

Title: Mr Mrs Miss Dr Prof Other.....

Surname

First Name(s)

Previous Name

Gender Male Female Date of birth.....

Identity Type Identity Number..... Date of Expiry

Are you a Malawian citizen Yes No *If no, list all countries in which you have citizenship*

.....

Country of residence

Type of permit

Tax Identification Number

Postal Address

Residential Address

Residence type Self-Owned Rented family Other

Mobile number: Tel number:E-mail Address:

Occupation status Salaried Self-employed Retired Politician unemployed Other.....

Period in occupation status Nature of Business (if applicable)

Employers Name Address Tel Number

Gross Annual Income K

Source of funds invested Salary Business Dividends Commission inheritance Gift personal savings Other

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Marital status Single Married Divorced Widowed
 Spouse first name(s) and maiden name Nationality
 Spouse Identity Number Spouse occupation
 Spouse contact numbers Spouse Email
 Number of Dependants
 Do you have a will? Yes No
 Have you ever been declared bankrupt No Yes *If yes state* Date of rehabilitation.....

Are you on any party connected to you, a politically affiliated person (PEP)? No Yes *If yes please complete the table below*

Name of PEP	Nature of prominent public function	Country	Relationship with Legal person	Source of wealth and funds of PEP

EXISTING ACCOUNTS AT OTHER INSTITUTION(S)

Name of institution	Acc number	Branch	Account title	Type of account
.....
.....

SECTION E: REFERENCES

Name 1..... 2.....
 Profession 1 2
 Address 1 2
 Phone 1 2
 Email 1 2

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SECTION F: AUTHORISED SIGNATORIES

ACCOUNT HOLDER 1

JOINT ACCOUNT HOLDER 1

Name	Name
Signature	Signature

JOINT ACCOUNT HOLDER 2

JOINT ACCOUNT HOLDER 3

Name	Name
Signature	Signature

Signing instructions

.....
.....

SECTION G: MINORS

Full Name of Minor
Date of Birth Relationship to Minor
I/We hereby instruct Continental Asset Management to open an account in the name of
.....

Signing instructions

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Until the minor attains the age ofyears, namely, theday of

The signature(s) ofshall be accepted and be valid in respect of all operations on the account above mentioned, after which date the said minor shall be entitled to use the account as he/she so desires.

AUTHORISED SIGNATORIES FOR AND ON BEHALF OF THE MINOR'S ACCOUNT

Name	Name
Signature	Signature

SECTION H: Expected volume and type of transactions

Transaction Type	Expected Number per month	Expected amount per month
Inward transfers		
Outward transfers		

SECTION I: ACCOUNT VERIFICATION DOCUMENTS

Please provide the following verification documents:

1. Valid national ID for all account holders
2. Tenancy Agreement or Utility (if bill is in another name, please complete account verification form)
3. Business registration certificate (if applicable)
4. Pay slip or Letter from employer or Bank statements dating back at least 3 months
5. Proof of source of funds invested

SECTION J: for official use only

1. Copy of screening results

I have verified that the form is complete and complaint with account opening requirements in all respects

ARO Name _____

Signature _____

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General authorisation

Chief Executive Officer _____

Date _____

Authorisation for PEPS

Chief Executive Officer _____ OR

Other Senior Management Official _____

Date _____

SECTION J: TERMS AND CONDITIONS

1. I/We warrant that the information provided is true and complete.
2. I /We authorize Continental Asset Management Limited (CAM) to disclose all information contained herein and/or relating to any of my/our account with CAM to all division/companies and other associated companies in the group, such information to be used at their discretion.
3. I/We agree to the general terms and conditions in the Mandate/ Investment Agreement relating to this account. I/We acknowledge that we have signed a Mandate/ Investment Agreement and that we understand its contents.
4. I /We confirm that any assets or monies that fund or pass through the account are not the proceeds of crime, fraud or any other activity that would expose CAM to prosecution or liability in any jurisdiction nor will such funds be used for funding crime, fraud, terrorism or any other activity that would expose CAM to prosecution in any jurisdiction.
5. CAM will close your account on receipt of a request in writing signed by any account holder to do so.
6. CAM reserves the right to close your account on reasonable prior notice if in our opinion it has been conducted in an unsatisfactory manner.
7. CAM may check by reference to third parties the correctness of details given in the application form you have completed for opening of the account.
8. You may not transfer the account into the name of another person.
9. You must notify us immediately if you are placed under receivership or sequestration or placed under any other form of insolvency or legal disability.
10. You must you must notify us immediately of any change in any of the details you provided us when you opened the account.
11. CAM reserve the right to amend these terms and conditions and will give you notice thereof in writing

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Signature.....

Date.....

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