

Once completed this form should be returned to:

Change of Details Forms can also be mailed to:

African Alliance Kenya Asset Management Limited
African Alliance Kenya Asset Management Limited, Fourth Floor, Kenya Re Towers,
Upper Hill, Off Ragati Road, Nairobi, Kenya

African Alliance Kenya Asset Management Limited
PO Box 27639, Nairobi, 00506, Kenya
Phone: +254 709 997 000/1
(Please confirm telephonically that the form has been received)

Note: Change of details will only be affected on receipt of this Change of Details Form together with the necessary Identification Documentation or Proof of Bank Account or Proof of Residence.

Faxed copies of this Change of Details Form and supporting documentation cannot be accepted by African Alliance.

Details to Change

Contact Details Bank Account Details Address Signatories Next of Kin

Personal/Company Details

Account in the name of					
Nationality		Tax Pin Number		ID Number/Passport Number (Individual) Registration number (other legal entities)	

Investor Number

Investor Number		For Office Use Only				
1.	2.	3.	Captured by	Date	Authorised by	Date

Contact Details

Postal Address		Physical Address			
E-mail Address					
Telephone - Work	Telephone - Home	Fax	Mobile		

Next of Kin Details

Next of Kin	ID/Passport Number
E-mail Address	Telephone

Bank Account Details

Account Holder	Bank	Account Number	Branch Code	Account Type	Branch Name

African Alliance Employee: I hereby confirm that I have satisfied myself as to the identity of the client and that I attach all their relevant verified/certified documentation to this change of details form.

Employee's Signature	Date

I/We confirm that all information provided herein is true and correct.

Authorised Signatories

Signature 1	Name
Signature 2	Name
Signature 3	Name
Signature 4	Name
Number of Required Signatories on this account	Date DD / MM / YYYY

I / We warrant that I am / we are duly authorised to sign this Change of Details Form.