

PURCHASE INSTRUCTION REQUEST FORM

Client Name(s)		
CDS Account No	PIN No):
I/We request ABC Capital Ltd to Purchase sl	hares as follows for my / oui	r account:
Equity Description	Quantity	Price - Kshs
And of Cattlement		
Mode of Settlement RTGS TO ABC Capital Clients Account Koinange Branch, or any branch (Plea		Ŭ.
		,
RTGS TO ABC Capital Clients Account Avenue Branch, or any branch (Please		
RTGS TO ABC Capital Clients Account branch (Please indicate CDS A/c No ar		ank City Centre Branch, or any
Cheque in favour of ABC Capital Ltd	,	
Amount: Kshs		
Please effect the purchase order and debit my	y account with all applicable	charges.
Data Protection Notice The information that you input here shall be retained by	v us strictly for our own use in line	e with the Data Protection Act No. 24 of
2019, our Privacy Policy and the Privacy Notice and you consent to the application of the Data Protection Act No. 24 of 2019 and the		
Bank's Privacy Policy and the Privacy Notice to all inform to time and the most recent version can be found on ou		
urther information or to contact our Data Protection O P. O. Box 38610 – 00800, Nairobi addressed 'for the atte		nk House, Woodvale Grove, Westlands,
,	ention of the DFO	
Yours faithfully,		
Signature	Signature	
Tel No	Email Address	
Date	ID No	
For internal use only		
	Confirm	ing Officer Sign
Signature verified ID confirmed with Original & Image		
Cleared funds		