

Agreement of Mandate between Cedar Capital Limited and

Client and an arrivation of					
Client account number					



AGREEMENT OF MANDATE Corporate Client

Once competed this form should be returned to;

Cedar Capital Limited, Fourth Floor,

Livingstone Towers Building, Glyn Jones Road, Blantyre, Malawi P.O. Box 3340, Blantyre, Malawi

Telephone: (+265) 183-1995 **Facsimile**: (+265) 183-1859

Thank you for choosing Cedar Capital Corporate Client Services.

Our aim is to offer you individual and personal service backed by efficient administration. Our advice is based on your financial needs and should you choose to use our discretionary portfolio management services, we will manage your account taking into account your risk profile and your requirements for income and capital appreciation.

We would appreciate it if you could provide us with some details that will help us manage your account more efficiently.

Section 1: Particulars Schedule

To be completed and signed by all clients

Section 2: Standard Terms of Business
To be read and understood by all clients
Please initial at the bottom of each page and at the side of any additions or alterations.
SOURCE OF FUNDS:
EARNINGS PER MONTH:
BENEFICIAL OWNER:

Initial

Initial

Initial

SECTION 1: PARTICULARS SCHEDULE

A: Account Holder	Details				
Corporate Name					
Registration No.					
Postal					
Address			Code		
Physical					
Address					
Contact Person				Title	
Telephone - Work			Telephone - Home		
Mobile			Fax		
E-mail address					
Date of Incorporation	DD / MM / YYY	Tax Ident Number	ification		
	.I	Hamber			
Method of Identifi	cation (Please tick rele	vant box) - Iden	tity number mus	st be supplied for a Mala	wi resident
ID card	-	D / Passport Number			
B: Residence Statu	s of Account Holder				
С	ountry of Residence	Malawi	Non-Res	ident	
	Nationality				
Country of incorpor	ration if not Malawi				
	– Settlement Bank Acc	count Details			
Bank Name					
Branch Name					
Account Number		Ві	ranch Code		
Account Name					
D: Details of Third	Party / (Parties) Autho	rised to operate	e the Account (if	applicable) Please	
complete a Particu	lars Schedule for each	person listed be	elow		
1. Authority					
a) Full Legal Name					
b) Please supply					
documentary prod of authority to ope					
and					
/ or operate the					
Account (e.g. Pow	er				

Initial

Initial

Initial

2. Authority								
a) Full Legal Name								
b) Please supply documentary proof of authority to open and / or operate the Account (e.g. Power of Attorney)								-
2 Authority								<u> </u>
3. Authority								
a) Full Legal Nan								
b) Please supply documentary profession of authority to or and / or operate the Account (e.g. Poof Attorney)	pen							
E: Services Requ	ired							
Execution only								
(Discretionary cl	,,							
Election for Corp Should no instru option for Discre	ction be timed	•	•			lefault option. Note	that the elect	ion
CC Discretion	Elect Share	S	Elect Cash	ו 🗆	Refer to Client	Issuer Default		
Statements Type of Stateme	nt							
Statement o Account	f Valu	iation Sta	tement (fee	s apply	for non-			
Send my Statem								
	mail							
<u> </u>		·						
					 Initial	 Initial	 Initial	_

Send my Statement	S			
Monthly	Quarterly	Semi- Annual	Annually	

G: Money Laundering Verification

Cedar Capital supports the Financial Intelligence Unit (FIU) on Money Laundering policies and procedures and as such is required to establish the true identity and authority of its Clients. In accordance with these policies and procedures we require the following documents with your application.

Natural persons

- Identification document e.g. National ID, valid passport, original drivers licence, Road Traffic register card;
 and
- Proof of address must be certified and not older than 3 months in the form of, utility/telephone bill or similar document; and
- Proof of source of funds must be certified and not older than 3 months in form of a bank statement/Pay slips

Minor Child

- Birth certificate of the child/under 5 clinic book and
- Letter confirming legal guardianship (if applicable); and
- All documents as per natural person for the guardian or parent.

Trust

- Letters of Authority signed by the Court; and Trust deed or other founding document; and
- Resolution specifying who is authorised to act on behalf of the Trust; and
- Identification document(s) of the person(s) authorised to act on behalf of the Trust; and –
 Identification documents of all the trustees and beneficiaries; and
- Identification document of the founder of the Trust; and
- Proof of address of both authorised persons and founder of the Trust must be certified and not older than 3 months in the form of a bank statement, utility/telephone bill or similar document.

Company

- Certificate of Incorporation; and
- Notice of Registered Office and Postal Address; and
- Identification document(s) of the person(s) managing the Company; and
- Resolution specifying who is authorised to act on behalf of the Company; and
- Identification document(s) of the person(s) authorised to act on behalf of the Company; and
- Proof of address of both authorised person/s managing the company and authorised persons per the Resolution to act on behalf of the company – must be certified and not older than 3 months in the form of a bank statement, utility/telephone bill or similar document.

Partnerships

- Partnership agreement; and
- Identification documents of the natural persons who are partners e.g. ID book, valid passport, original drivers licence; and – Resolution specifying who is authorised to act on behalf of the Partnership; and
- Identification document(s) of the person(s) authorised to act on behalf of the Partnership; and
- Proof of address of both natural persons who are partners and persons authorised to act on behalf of the partnership must be certified and not older than 3 months in the form of a bank statement, utility/telephone bill or similar document.

Other legal persons as defined by law

- Founding statement or formal letterhead; and
- Resolution specifying who is authorised to act on behalf of the entity; and
- Identification documents of the person(s) authorised to act on behalf of the entity; and
- Proof of address of legal person/s managing the company and authorised persons per the Resolution to act on behalf of the company – must be certified and not older than 3 months in the form of a bank statement, utility/telephone bill or similar document.

We carry out certain checks as confirmation of identity. If we are unable to obtain confirmation of your name from these checks, then we may require additional documentation to that listed above. Please not that any service that you have selected only becomes fully operational upon receipt of the appropriate documents.

H: Declaration

signing

The client acknowledges that all the above details are correct. The client undertakes to abide by the rules and directives of the Malawi Securities Exchange, the Capital Markets Act or any replacement act or acts and any relevant conditions promulgated under such acts, and acknowledge that all dealings are subject to the rules, directives, practice and usage of the relevant exchange or market. The client will advise Cedar Capital of any changes to the above details contained in the particulars schedule. The client acknowledges that the client has read and understood the standard terms of business and all the relevant obligation and risk disclosure statements (where applicable) and that the client has read and understood their contents.

The client acknowledges that the funds and the source of such funds are legitimate and not directly or indirectly the proceeds of any unlawful activity.

Please visit our website at www.cedarcapital.mw to read our terms and conditions and the Key Facts Statement. Please tick in the boxes below if you have read the terms and conditions and the Key Facts Statement.

I have read and understood the terms and conditions of business

I have read and understood the Key Facts Statement

	Initial	Initial	Initial
Important: If there is anything you do not understand in	any of the doc	uments please c	ontact us before

Signed at				
on the		day of	20	
	horised thereto. (If the account Holder does acity, signature of legal guardian is required		y authorised thereto. (If the account Holder does I capacity, signature of legal guardian is required	

For Official Use

		Manager Sign-off	
Name			
rane			
Signature			
Date			
Cedar Capita	al Limited		
Fourth Floor		Bank Account	Cedar Capital Clients Account
		Name:	
Livingstone T	Towers Building	Bank:	Standard Bank Malawi
Glyn Jones R	oad	Branch:	Blantyre
Blantyre		Swift Code:	SBICMWMX
Malawi		Account Number:	9100000417987