



UNIT TRUST INVESTMENT APPLICATION FORM

NEW BUSINESS APPLICATION FORM FOR LEGAL ENTITIES

VERSION NUMBER 1.0

IMPORTANT INFORMATION YOU NEED TO KNOW BEFORE YOU INVEST

Financial Advice

Research has proven that receiving good independent financial advice can make a substantial difference to an investment outcome. If you are not comfortable making your own investment decisions, consider using the services of an independent financial adviser (IFA). To locate an IFA in your area, refer to the 'Find an adviser' section of our website. Itransact is a licensed financial services provider for the purposes of distributing and administering this investment product. Itransact does not provide financial advice.

Product Information

Please ensure that you choose the right product before you invest. Refer to our product fact sheets, brochures, fee disclosures and research made available on our website.

INVESTMENT PROCESS

STEP 1 Complete the form and agree to the terms and conditions	To ensure there is no delay in processing your investment, please complete the form accurately and ensure you understand the terms and conditions you are entering into. Depending on the investment type and/or product you may be required to complete and provide additional forms.
STEP 2 Send documents to Itransact via Email www.itransact.co.za	Email your documents to: newbus@itransact.co.za If you experience difficulties transmitting your documents to us, please call us on 0861 468 383 during business hours and we will gladly assist you. Document Checklist for all persons acting on behalf of the legal entity <input type="checkbox"/> Annexure A <input type="checkbox"/> Copy of your bar coded South African ID, valid passport (if a foreign national)
STEP 3 Fulfilment	<ul style="list-style-type: none"> • We will acknowledge receipt of your documents and contact you if there are any outstanding requirements. • Transactions will only be acted upon after confirmed receipt by the Administrator of a completed and signed investor mandate, investor FICA verification, relevant supporting documentation, and investment funds which have been cleared and made available for investment in the Administrators bank account. • You will receive confirmation once your instruction has been processed. • You will receive an email welcoming you to Itransact. • You will automatically be provided with a secure Itransact online servicing account. New investors are requested to activate their online account by registering on our website within 3 business days. Subsequent products will automatically appear in your online account.
CUT OFF TIMES	<ul style="list-style-type: none"> • Instructions received before 11h00 on a business day will start processing on that day. • Instructions received after 11h00 on a business day will start processing on the next business day. • Instructions received on a weekend or public holiday will start processing on the next business day.

SECTION 1: INVESTOR DETAILS

Investor Type	SA Company <input type="checkbox"/>	Foreign Company <input type="checkbox"/>	CC <input type="checkbox"/>	Trust <input type="checkbox"/>	Partnership <input type="checkbox"/>
	Other <table border="1" style="display: inline-table; width: 100%; height: 1.2em; vertical-align: middle;"></table>				
Nature of Business	<table border="1" style="width: 100%; height: 1.2em;"></table>				
Entity Name	<table border="1" style="width: 100%; height: 1.2em;"></table>				
	<table border="1" style="width: 100%; height: 1.2em;"></table>				
Trading Name	<table border="1" style="width: 100%; height: 1.2em;"></table>				
	<table border="1" style="width: 100%; height: 1.2em;"></table>				
Registration Number	<table border="1" style="width: 100%; height: 1.2em;"></table>				
Income Tax Number	<table border="1" style="width: 100%; height: 1.2em;"></table>				
Trading Address	<table border="1" style="width: 100%; height: 1.2em;"></table>				
	<table border="1" style="width: 100%; height: 1.2em;"></table>				
	<table border="1" style="width: 100%; height: 1.2em;"></table>				
	<table border="1" style="width: 90%; height: 1.2em;"></table>				Code <table border="1" style="width: 10%; height: 1.2em;"></table>
Tick if postal address is same as residential	<input type="checkbox"/>				
Postal Address	<table border="1" style="width: 100%; height: 1.2em;"></table>				
	<table border="1" style="width: 100%; height: 1.2em;"></table>				
	<table border="1" style="width: 100%; height: 1.2em;"></table>				
	<table border="1" style="width: 90%; height: 1.2em;"></table>				Code <table border="1" style="width: 10%; height: 1.2em;"></table>
Telephone Number	<table border="1" style="width: 100%; height: 1.2em;"></table>				
Cell Phone Number	<table border="1" style="width: 100%; height: 1.2em;"></table>				
Email Address	<table border="1" style="width: 100%; height: 1.2em;"></table>				

Politically Exposed Persons

Indicate if any authorised representative/s, ultimate beneficial owner/s or any shareholder/s of the legal entity is a foreign prominent public official or a domestic prominent influential person Yes ☐ No ☐

If yes, please specify:

SECTION 2: FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

(The Foreign Account Tax Compliance Act (FATCA) is a United States federal law requiring United States persons (including those living outside the U.S.) to have yearly reported themselves and their non-U.S financial accounts to the Financial Crimes Enforcement Network (FINCEN), and requires all non-US (Foreign) Financial Institutions (FFI's) to search their records for suspected US persons for reporting their assets and identities to the US Treasury)

Organisation Tax Residency Classification

If your organisation is a Financial Institution, please specify:

South African Financial Institution or a Partner Jurisdiction Financial Institution

☐

Participating Foreign Financial Institution (in non-intergovernmental agreement jurisdiction)

☐

Non-Participating Foreign Financial Institution (non-intergovernmental agreement jurisdiction)

☐

Financial Institution resident in the USA or in a US Territory

☐

Exempt beneficial Owner (this includes a South African registered retirement scheme, etc)

☐

Deemed Compliant Financial Institution (this includes Non-Profit organisations)

☐

If your organisation is not a Financial Institution, please specify:

Active Non-Financial Entity

☐

Passive Non-Financial Entity

☐

If your organisation is a US tax resident and not a Specified US person, please specify:

A regularly traded corporation on a recognised stock exchange

☐

Any corporation that is a member of the same expanded affiliated group as a regularly traded corporation on a recognised stock exchange

☐

A government entity

☐

Any bank as defined in section 581 of the US Internal Revenue Code

☐

A retirement plan under section 7701(a)(37), or exempt organisation under sec 501(a) of the IRS Code

☐

or any other exclusion.

☐

Organisation's Classification under Common Reporting Standards (CRS)

Select an option with reference to primary country of residence:

Financial Institution under CRS (includes pension fund schemes, government entity etc)

☐

An investment entity located in a Nonparticipating Jurisdiction and managed by another Financial Institution

☐

Active Non-Financial Entity which frequently trades on an established securities market or associated with and established securities marker or a corporation which is a related entity of such a corporation.

☐

Active Non-Financial Entity-a Government Entity, a Central Bank or an International Organisation.

☐

Active Non-Financial Entity, other than those listed above

☐

Passive Non-Financial Entity.

☐

Dividend Withholding Tax

If your organisation is exempt from DWT, please select the appropriate box to declare the reason for the exemption:

A company or close corporation registered in South Africa for tax purposes

☐

A non-profit organisation (approved by SARS in terms of section 30(3) of the Income Tax Act)

☐

A pension fund, pension preservation fund, provident fund, provident preservation fund, retirement annuity fund, beneficiary fund or benefit fund registered in terms of the Pension Fund Act 1956.

☐

A person contemplated in section 10(1)(t) of the Income Tax Act

☐

A trust contemplated in section 37A of the Income Tax Act (e.g. mining rehabilitation trust)

☐

Fidelity and Indemnity funds contemplated in section 10(1)(d)(iii) of the Income Tax Act

☐

A small business funding as contemplated in section 10(1)(c) of the Income Tax Act

☐

Entity is not exempt from DWT

☐

SECTION 3: METHOD OF COMMUNICATION & PRIVACY OF PERSONAL INFORMATION

(Please note that email will be used as the default method of communication by the Administrator. All communication with the Administrator by the Investor must also be via electronic means, which includes email, fax and telephonic communications using the contact details provided in the last section of this form)

Protection of Personal Information

- We will not collect, collate, process or disclose your personal information without your express written consent, unless legally required to do so or it is for the maintenance of your investment.
- We will only electronically request, collect, collate process or store your personal information it is lawful for us to do so.
- Should your personal information be required, we will disclose to you in writing the specific purpose for which it is needed. Furthermore, we will not disclose your personal information for any purpose other than the one disclosed to you, nor will it disclose any of your personal information to a third party without your express written consent, unless it is required of us by law or it is for the maintenance of the investment.
- We will keep a record of your personal information and the purpose for which it was used.
- We will take all reasonable steps to ensure that your personal information remains confidential and secure by storing it on our secure database.
- We keep all financial and investment information that it records strictly confidential and will not disclose it to any third party that has no right or title to the information.
- We will endeavour to take all reasonable and necessary precautions to secure access to your transactions.

Do you agree to receive occasional marketing information relating to your investment from the administrator?

Yes ☐ No ☐

SECTION 4: GENERAL INVESTMENT DETAILS

Source of Funds

Company Profit

☐

Capital

☐

Donation

☐

Saving

☐

Investment

☐

Inheritance

☐

Other

☐

(Please Specify below)

Minimum Recurring Investment R150

Minimum Lump Sum Investment of R5 000

SECTION 5: INVESTMENT DETAILS

Note to Financial Services Provider/Advisor: Please take note of the applicable FAIS license(s) below which is required to market this Product (Note that a Category II license will be required in respect of the Product/s, in the case of discretionary financial services.)

Collective Investment Schemes

Category 1 (1.14) Participatory interests in collective investment schemes

PRODUCT SELECTION

FUND NAME		DEBIT ORDER AMOUNT		ANNUAL INCREASE		LUMP SUM AMOUNT
36One BCI Flexible Opportunity Fund (A)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
36One BCI Flexible Opportunity Fund (C1)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Allan Gray Balanced Fund (C)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Allan Gray Bond Fund (A)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Allan Gray Equity Fund (C)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Allan Gray Money Market (A)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Anchor BCI Global Equity Feeder Fund (A)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Anchor BCI Global Technology Fund (A)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
BCI Fairtree Global Income Plus Feeder Fund (A)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
BCI Fundsmith Equity Feeder Fund (A)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
BCI Income Plus Fund (C)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
BCI Stable Fund Of Funds (3B1)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Bluealpha BCI Balanced Fund (C)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Bluealpha BCI Equity Fund (A)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Bluealpha BCI Global Equity Fund (A)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Cadiz BCI Absolute Yield Fund (B2)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Cadiz BCI Enhanced Income Fund (C)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Cadiz Money Market (A)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Centaur BCI Flexible Fund (A)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Palmyra BCI Balanced Fund (B)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Palmyra BCI Equity Fund (B)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Palmyra BCI Global Flexible Fund Of Funds (A)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Palmyra BCI Property Fund (C)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Palmyra BCI Stable Fund (B)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Prescient Balanced Fund (A2)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>
Prescient Core All Share Equity Fund (A2)	R	<input type="text"/>		<input type="text"/> %	R	<input type="text"/>

PRODUCT SELECTION

FUND NAME		DEBIT ORDER AMOUNT	ANNUAL INCREASE	LUMP SUM AMOUNT
Prescient Core Capped Equity Fund (A2)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>
Prescient Income Provider (A2)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>
Sasfin Bci Flexible Income Fund (C)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>
Satrix Balanced Index Fund (B1)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>
Satrix Equally Weighted Top 40 Index (B1)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>
Satrix Msci World Equity Index Feeder Fund (B2)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>
Satrix Smartcore Index Fund (B1)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>
Sygnia 4Th Industrial Revolution Global Equity Fund (A)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>
Sygnia Faang Plus Equity Fund (A)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>
Sygnia Health Innovation Global Equity Fund (A)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>
Sygnia International Flexible Fund Of Funds (A)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>
Sygnia Money Market Fund (A)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>
Sygnia Skeleton Balanced 40 Fund (A)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>
Sygnia Skeleton Balanced 60 Fund (A)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>
Sygnia Skeleton Balanced 70 Fund (A)	R	<input type="text"/>	<input type="text"/> %	R <input type="text"/>

Additional Notes

- All distributions are automatically reinvested.

Method of Payment (Note that Itransact does not accept cheques)

☐ Debit Order

Debit Order Deduction Date 3rd of the Month ☐ 15th of the Month ☐ 25th of the Month ☐

Debit Order Deduction Intervals Monthly ☐ Quarterly ☐

Debit Order Deduction Annual Increase ☐ 0% ☐ 5% ☐ 10% ☐ 15% ☐ 20%

(Note that annual increases are limited to whole percentage increments only. No fractionalised percentage increments or monetary amounts will be accepted)

☐ Once Off Electronic Collection by the Administrator (Lump Sums Only)

Please choose the date that the Administrator should collect your once off lump sum amount.

3rd of the Month ☐ 15th of the Month ☐ 25th of the Month ☐

Once off lump sum collection instructions must be received by the Administrator at least 3 Business Days prior to the chosen collection date. Instructions received after that period will be processed on the next sequential collection date. Note that each lump sum collection is limited to increments of R500 000 per collection.

☐ **Lump-sum Investment (Please take note of the restrictions regarding the Itransact bank account details below)**

ITRANSACT BANK ACCOUNT DETAILS

For security reasons and to comply with the Financial Intelligence Crime Act (FICA) the Administrator must perform certain security checks with you as the investor before it may provide you with the bank details and investor reference to be used by you when making a lump sum investment.

Once you have received the bank account details and reference number from the Administrator, and have made a payment, you are required to provide the Administrator with the proof of payment (copy of deposit slip or online payment confirmation) by submitting it via email to the email address stated on the first page of this application form. No transaction will be finalised without receiving the proof of deposit.

Electronic fund transfers are recommended. If you make a deposit by cheque it may undergo a clearing period of between 10 and 15 business days with your bank before the funds are made available for investment.

SECTION 6: REGULAR WITHDRAWAL

If you would like to receive a regular withdrawal from this investment account, please complete this section.

- You can either withdraw proportionately across your funds you have chosen in the 'Investment Details Section' or you can specify the funds you would like to withdraw from and the amount to be withdrawn by completing the table below.
- The proportionate split will be determined on the processing date of the regular withdrawal.
- The withdrawal may result in capital gains tax, depending on your fund selection.
- The proportions will only change if you send us an amended instruction.

Regular withdrawal will be paid into the bank details provided (Select one option only).

Select one option only

☐ Withdraw proportionately across your funds; or

☐ Withdraw specific amounts from specific funds

Unit Trust

Amount per regular withdrawal

<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>
<input type="text"/>	R <input type="text"/>

Confirm total amount to be withdrawn per frequency R

Choose the frequency

Monthly ☐

Quarterly ☐

Biannually ☐

Annually ☐

SECTION 7: INVESTOR BANK DETAILS

(This bank account must be a South African bank account in the name of the investor and must not be older than 3 months.)

Name of Account Holder

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Name of Bank

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Account Number

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Branch Name

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Branch Code

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Account Type

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Debit Order Bank Details

(Tick the box if debit order bank details are the same as the investor bank details above)

☐

Name of Account Holder

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Name of Bank

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Account Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Branch Code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account Type

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Debit Order Authority

- 1 I/We hereby request, instruct and authorise Automated Outsourcing Services (Pty) Ltd, its successors or its assignees ("the Administrator") to draw against my/our account with the bank noted above (or any bank or branch to which I/we may transfer my/our account).
- 2 I/We understand that all such withdrawals from my/our bank account shall be treated as though they have been signed by me/us personally.
- 3 I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees.
- 4 I/We acknowledge that I/we may cancel this authority by giving the Administrator not less than 10 business days written notice.
- 5 I/We agree that receipt of this instruction by the Administrator shall be regarded as receipt thereof by my/our bank.
- 6 I/We acknowledge that in order to activate the debit order, the Administrator must receive the debit order authority at least 10 business days prior to the first debit order date.

Please note that the debit order instruction will be accepted upon the signing of this authority by the bank account holder.

Signature of Bank Account Holder

Date (ddmmyyyy)

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Print Initials and Surname

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SECTION 8: INVESTOR DECLARATION

General

The Investor, or where applicable, the Investor's authorised signatory, by appending their signature hereto, further states, declares, warrants, acknowledges, understands, confirms and consents that;

(Select one option only)

☐

A Financial Services Provider has been appointed to assist with this investment on a non-discretionary basis.

☐

A Financial Services Provider has been appointed to assist with this investment on a discretionary basis (in which case proof of authority must be provided by the investor to the Administrator)

☐

No Financial Services Provider has been appointed and that all references made to such shall not be applicable for as long as no such appointment is made.

And that;

1. The latest terms and conditions and the relevant investment media including the features of the Plan including, but not limited to, its underlying investments, fees, costs, disclosures and risks associated to investing in the Plan have been read and fully understood, and that the aforesaid information has been obtained by the Investor itself, and that it is the Investors responsibility to act upon this information, whether a Financial Service Provider has been appointed or not.
2. All statements provided by the Investor in this form are true and correct in every respect and that such statements, together with the Administrators investment confirmation, shall form the basis of the contract, which is to be entered into with the Administrator in terms of the Financial Advisory and Intermediaries Services Act (FAIS).
3. Where a Financial Services Provider has been appointed, that neither the Financial Services Provider nor any representative of the Financial Services Provider is an employee or agent of the Administrator and that the appointed Financial Services Provider acts as the Investor's agent and that neither the Administrator nor any other party appointed from time to time to administer the Plan can be held liable for any act or omission of the Financial Services Provider and/or any representative of the Financial Services Provider.
4. If the appointed Financial Services Provider and/or its representative's services are terminated, that it is the Investors responsibility to immediately inform the Administrator in writing of such termination where after the Administrator will cease payment of all fees, other than accrued fees, to the Financial Services Provider.
5. All instructions to the Administrator must be signed by the Investor or the Investor's duly authorised signatory (or guardian in the case of a minor) and may not be signed by the Financial Services Provider on behalf of the Investor, except where the Financial Services Provider is appointed on a discretionary basis and proof of authority has been provided by the Investor the Administrator.
6. It is the Investor's responsibility to ensure the receipt of any instruction and/or document by the Administrator.
7. There are certain requirements in terms of the Financial Intelligence Centre Act (FICA) which need to be complied with before this investment may be processed and that these requirements have been understood by the Investor and where applicable explained to the Investor by the Financial Services Provider.
8. The Investor is not a United States Person or a resident/national in any of the UN Sanctioned countries jurisdictions or is an entity or a member of an entity, that is owned or controlled by any person or entity that is resident, located, incorporated or registered in the United States or any UN Sanctioned country nor a US person as defined in the Foreign Account Tax Compliance Act of the USA. In terms of the Financial Intelligence Centre Act, 2001, the Insurer or the FSP/Representative will require a certified copy of the Investor's identity document/passport, appropriate proof of the Investor's current residential address, together with certain personal and financial information. The information required will vary depending on the nature of the investor. The investor further acknowledges that, the Administrator will not be permitted to remit the proceeds of any sale or distribution until acceptable identification is provided. The investor also acknowledges that the money which he is investing is not derived from the "proceeds of unlawful activities", as defined in the Prevention of Organised Crime Act (POCA)
9. To receiving reports from the Administrator on a regular basis.
10. Online services are provided to Investors on a continual basis where Investors apply for such services from the Administrator.
11. Where the value of the investments held under the Plan at any time is less than R1000, that the Administrator reserves the right to cancel the Plan without informing the Investor and/or where applicable, the appointed Financial Services Provider, and refund the amount to the Investors bank account recorded on this form.
12. Where the Investor has appointed a Financial Services Provider, the Investor agrees that the Financial Service Provider is able to access the Investors information continuously via electronic means made available by the Administrator.

Fees and Charges

The Investor acknowledges, confirms, consents to, and instructs the Administrator to pay the following fees and charges;

- Initial advice fee (Levied against all investment contributions)

Lump sum

. %
(Maximum of 3%)

Debit order

. %
(Maximum of 3%)
- Ongoing annual financial advice fee (Calculated as a percentage of the daily market value of the investment)

. %
(Maximum of 1%)
- An annual administration fee (calculated as a percentage of the daily market value of the investment) according to the table below.

Market Value of Investments	Rate per Annum
On the first R500 000	0.39%
On the next R500 000	0.30%
On the amount over R1 000 001	0.20%

A trading fee of 0.08% shall be charged on the value of all purchase and sale transactions. A nominal Investor Protection Levy and Central Securities Depository fee shall be charged for all securities purchase and sale transactions. Value added tax shall be charged on all fees and charges.

Further conditions applicable to fees and charges

- Fees and charges specified above are subject to the terms and conditions contained in the application form.
- Fees and charges are subject to change (see terms and conditions).
- VAT will be levied on fees and charges.

PRODUCT TERMS AND CONDITIONS

Acceptance of product terms and conditions

By signing this application form, you acknowledge that you fully understand the latest terms and conditions associated to this product and the implications thereof. The terms and conditions are displayed separately from this application form and are available from (1) your financial advisor (2) from the Forms and Downloads section on the Administrator's website (www.itransact.co.za) or (3) by contacting the Administrator directly on the details available at the end of this application form.

Signature of Authorised Representative

Date (ddmmyyyy)

Print Initials and Surname

Signature of Authorised Representative

Date (ddmmyyyy)

Print Initials and Surname

SECTION 9: FINANCIAL SERVICES PROVIDER DECLARATION

General

The Financial Services Provider ("FSP") that has been appointed by the Investor and through whom the application for this investment is being made, by appending their signature hereto, states, declares, warrants, acknowledges, understands, confirms and consents that;

1. The FSP and the Financial Advisor named in this application form is licensed (in the case of the FSP) and authorised (in the case of the Financial Advisor and/or Representative) to provide the relevant financial services in respect of the financial products to which this application relates.
2. The FSP and the Financial Advisor are "fit and proper", as required by the Financial Advisory and Intermediary Services Act (FAIS), to provide the relevant financial services in respect of the financial products to which the application relates.
3. The FSP/authorised representative of the FSP has read and understood the terms and conditions pertaining to this investment product and that the FSP shall be bound by these terms and conditions insofar as such terms and conditions affect the FSP.
4. The FSP warrants that all statements given by the FSP in this application form are true and correct in every respect.
5. The FSP/Financial Advisor shall not negotiate fees in respect of the Plan which are higher than the maximums stipulated in this application. The FSP has explained the latest terms and conditions and the relevant investment media including the features of the Plan including, but not limited to, its underlying investments, fees, costs, disclosures and risks associated to investing in the Plan, to the Investor, in terms of FAIS.
6. The FSP is the primary accountable institution in terms of the regulations to the Financial Intelligence Centre Act, 2001 ("FICA"), in respect of the Investor.
7. The FSP has established and verified the identity of the Investor, as required in terms of section 21 of FICA.
8. The FSP will keep records of information relating to the Investor as is required in terms of section 22 of FICA.
9. The FSP will provide the Administrator with any information and documentation requested by it in relation to the Investor, immediately on request.
10. The FSP shall be provided with access to the Investors information continuously via electronic means made available by the Administrator and warrants that the information may only and exclusively be disclosed to the Investor, or where applicable, the Investor's authorised signatory.

Please Select Applicable Option:

- The FSP is appointed: ☐ On a non-discretionary basis
- ☐ On a full discretionary basis, in which case proof of authority must be provided

Signature of Authorised Financial Service Provider/Representative

Date (ddmmyyyy)

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Print Initials and Surname

SECTION 10: FINANCIAL SERVICES PROVIDER AND FINANCIAL ADVISOR DETAILS

Financial Service Provider Details

Name of Financial Services Provider (The Company)

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--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cell Phone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other Contact Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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Tick the box if the details below are the same as the FSP details above ☐

Name of Financial Advisor/Representative

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Cell Phone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Other Contact Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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SECTION 11: IMPORTANT CONTACT DETAILS

Financial Advisor Support Centre

Telephone 086 143 2383 | Fax 086 743 6959 | Email info@itransact.co.za

Investor Support Centre

Telephone 086 146 8383 | Fax 086 743 6959 | Email investor@itransact.co.za

www.itransact.co.za



ACTING ON BEHALF OF AN INVESTOR

This form must be completed by each authorised signatory, each person acting on behalf of the investor and all controlling persons.

Each authorised representative of the legal entity must complete this form. In the event that more than one person is authorised to act on behalf of the investor, copies must be made of this section.

IMPORTANT INFORMATION

This document must be sent together with the product application form to the Administrator by email at newbus@itransact.co.za

SECTION 1: DETAILS OF THE PERSON ACTING ON BEHALF OF THE INVESTOR

Title	Mr	<input type="text"/>	Ms	<input type="text"/>	Mrs	<input type="text"/>	Dr	<input type="text"/>	Prof	<input type="text"/>	The Hon	<input type="text"/>
Name	<input type="text"/>											
Surname	<input type="text"/>											
	<input type="text"/>											
Date of Birth (ddmmyyy)	<input type="text"/>											
Identity/Passport Number	<input type="text"/>											
Nationality	<input type="text"/>											
Income Tax Number	<input type="text"/>											
Residential Address	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>										Code	<input type="text"/>
Postal Address	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>										Code	<input type="text"/>
Cell Phone Number	<input type="text"/>											
Other Contact Number	<input type="text"/>											
Email Address	<input type="text"/>											
	<input type="text"/>											

Are you registered tax pany in any country other than South Africa?

Yes ☐ No ☐

If yes, please specify:

Country of Tax Residence

Tax Identification Number

DECLARATION

I confirm that all information provided herein it true and correct and that I have read and understood the contents of this form.

I agree to notify the administrator immediately if information on this change.

Date (ddmmyyyy)

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Signature

Print Initials and Surname
