

UNIT TRUST INVESTMENT APPLICATION FORM Companies, Close Corporations and Other Legal Entities

A. Entity details (please complete all fields)					
New investor:		Existing client:		Investor number:	
Name of entity:					
Trading name:					
Company:		Close Corporation:		Partnership:	
				Other legal entity:	
Contact name:					
Company/ Close Corporation registration number:					
Income tax number:				Tax office:	
VAT registration number:					
Registered address:					
Physical business address:					Code:
Head office address:					Code:
Postal address:					Code:
Telephone number:	()		Fax number:	()	
E-mail address:					

B. Information requirements and supporting documentation (Copies of the supporting documentation are sufficient as long as all text and photograph are clear and legible)	
PART 1	
(a) Information to be specified in respect of every manager, close corporation member, partner and person authorized to transaction on behalf of the entity:	
<ul style="list-style-type: none"> Person's full names Identity number or passport number for non-Namibian residents 	<ul style="list-style-type: none"> Date of birth Contact particulars E-mail address
(b) Supporting documentation required in respect of <u>every</u> manager, close corporation member, partner and person authorized to transaction on behalf of the entity:	
	Copy of ID document (Namibian resident)/passport (foreign nationals)
(c) Supporting documentation required in respect of <u>every</u> manager, close corporation member, partner and person authorized to transaction on behalf of the entity:	
	Proof of VAT number
	Proof of tax number
	Proof of registered address (e.g. registration documents)
	Proof of business address (e.g. bank statement, utility bill or telephone account)
	Proof of trading name (e.g. copy of letterhead)
	Proof of banking details (e.g. bank statement or cancelled cheque less than three months old)
(d) Additional supporting documentation required in respect of a Company :	
	Copy of Certificate of Incorporation (CM1) bearing Registrar's stamp and Company Secretary's signature, or such other official document for foreign companies.
	Copy of Notice of Registered Office and Postal Address (CM22)
(e) Additional supporting documentation required in respect of a Close Corporation :	
	Founding Statement and Certificate of Incorporation (CK1) bearing Registrar's stamp and Company Secretary's signature, or such other official document for foreign companies.
	Amended Founding Statement (CK2)
(f) Additional supporting documentation required in respect of other legal entities :	
	Constitution or founding document

PART 2 (If applicable)	
(a) Information to be specified in respect of every holder of 25% or more of the voting rights within the entity:	
If such holder is a natural person:	
<ul style="list-style-type: none"> Person's full names Identity number or passport number for non-Namibian resident Date of birth 	<ul style="list-style-type: none"> Residential address Contact particulars
If such holder is a company / foreign company / close corporation / partnership / trust:	
<ul style="list-style-type: none"> Registered name Trading name Legal form Contact name 	<ul style="list-style-type: none"> Registration number (if applicable) Registered address Business address Contact particulars
(b) Supporting documentation required in respect of every holder 25% or more of the voting rights within the entity:	
If natural person:	
	Copy of ID document (Namibian residents)/passport (foreign nationals)
If a company (Namibian / foreign) / close corporation / partnership / other legal entity / trust:	
	Proof of business address (e.g. bank statement, utility bill or telephone account)
	Proof of registered address (e.g. registration documents)
	Proof of trading name (e.g. copy of letterhead)
If a Namibian company:	
	Copy of Certificate of Incorporation (CM1) and Copy of Notice of Registered Office and Postal Address (CM22)
If a foreign company:	
	Copy of official document issued by an authority for recording the incorporation of companies
If a partnership:	
	Copy of partnership agreement
	Copy of trust deed and authority given by the Master of the High Court

C. Banking details (Please note that the bank account specified must be in the name of the unitholder)					
Bank:				Account number:	
Branch:				Branch code:	
Type of account:	Current:		Transmission:		Savings:
Name of account holder:					
A cancelled cheque or recent bank statement must accompany this application form as confirmation of proof of bank details. No payments will be made to third parties (i.e. payments will only be made to the bank account in the name of the registered investor). We are unable to facilitate payments to credit cards or market-linked accounts. The administrator executes all payment instructions electronically. No payment will be made by cheque.					

D. Investment options			
I/We hereby apply to invest in Namibia Unit Trust Manager's funds in accordance with the provisions of the relevant Deed of each fund at the respective fund/s price/s ruling on the date of receipt of the monies by NUTM, subject to the completed application form having been received and subject to receipt of all the relevant documentation.			
NAM Coronation Balanced Defensive Fund			
	Lump sum investment	Debit order amount	Annual debit order increase
Balanced Defensive Fund			%
NAM Coronation Strategic Income Fund			
	Lump sum investment	Debit order amount	Annual debit order increase
Strategic Income Fund:			%
NAM Medical Absolute Fund			
	Lump sum investment	Debit order amount	Annual debit order increase
Medical Absolute Fund:			%

Income distribution	
	Reinvest
	Deposit in bank account (as per details in section C)
Regular debit order authority	
<p>I/We the undersigned, request NUTM to draw against my/our bank account the debit order investment amounts in terms of this application on the 1st 7th 15th 28th day of each month for investment at the ruling price on that day commencing on / / . All such withdrawals from my/our account will be treated as though they have been signed by me/us personally, and I/we request the bank to debit my/our account with these drawings. I/We acknowledge that debit order investments are subject to a 14-day clearance period. Please increase my monthly debit order by the percentage indicated above on the anniversary date each year for the duration of the debit order.</p>	
<p>Authorised Signature/s _____ Date _____</p>	

E. Method of Payment	
Cheque deposit:	
All cheques must be endorsed as NON TRANSFERABLE and deposited directly into the relevant Unit Trust account by the investor or forwarded to NUTM.	
Electronic/Internet transfer:	
Electronic/internet transfers may take up to 2 days to appear on the relevant bank account. Units may only be priced upon confirmed receipt of documentation and monies funds into the relevant Unit Trust bank account.	
Regular debit order:	
Please complete the regular debit order authority in section D if you select this option.	

F. Communication from NUTM investor services			
Please send my transaction statement by:		E-mail:	
		Post:	

G. Instruction by Client	
<p>I/We warrant that the information contained herein is true and correct and that, where this application is signed in a representative capacity, I/we have the necessary authority to do so. I/We understand that this application constitutes the entire agreement between Namibia Unit Trust Managers (NUTM) and myself/ourselves. I/We hereby consent to NUTM making enquiries of whatsoever nature for the purpose of verifying the information disclosed and consent to NUTM obtaining any other information about me/us from any source whatsoever to enable NUTM to process this application. I/We indemnify NUTM against any claim resulting from my/our transacting via facsimile and hereby authorize NUTM to act upon such instructions accordingly unless otherwise instructed in writing. I/We warrant and declare that I/we have read and understood the information disclosed above. NUTM shall at its discretion have the option to pay or collect any amounts via ACB or EFT, or by direct debit or credit against the bank account as denoted above. I/We authorise NUTM to pay commission to the investment advisor indicated below.</p>	
<p>Signature/s of applicant/s _____ Date / /</p>	

H. Financial advisor detail and declaration			
Contact name:		Company:	
Agent account number:		Registration number:	
FSP license number:		Authorised agent signature:	
<p>An "Accountable Institution" includes, but is not limited, to the following list of institutions: a bank, long-term insurer, management company registered in terms of the Unit Trust Control Act, a person who carries on the business of rendering investment advice or investment brokering services including a public accountant who carries on such a business, a member of a stock exchange licensed under the Stock Exchanges Control Act 1985 and a person who has been approved or who falls within a category of persons approved by the Registrar of Stock Exchanges or the Registrar of Financial Markets. If this section is completed by an "Accountable Institution" acting on behalf of the client, the supporting documentation on referred to Section B need not be submitted to NUTM, apart from a copy of the ID and proof of banking details. NUTM may however request it where it is deemed necessary.</p>			
<p>Signed at _____ on this _____ day of _____ year _____</p>			
<p>Signature of financial advisor _____</p>			

I. Financial advice fees (Please select an option)		
I acknowledge that I did not receive financial advice from a financial advisor		
I hereby confirm that the financial advisor whose details are completed in the "Financial advisor details and declaration" section above is my appointed financial advisor and agree to payment of fees as follows:		
Initial advice fee:	%	
The administrator will pay the initial advice fee to the financial advisor. This authority may be withdrawn by written notice to the fund.		
Signature of investor or authorized representative: _____		

J. General information and conditions		
Capital risk Unit prices will fluctuate relative to the market value of the securities comprising the funds' portfolios, and can increase or decrease accordingly. Should any guarantees be furnished against price fluctuations, this shall be by a party other than the manager with details and costs clearly defined.		
Redemptions Units will be repurchased by the administrator at the net asset value calculated in accordance with the requirements of the Unit Trust Control Act and the relevant Trust Deeds and paid to the unitholder within two working days of the written request, unless the disinvestment exceeds 5% of the total fund value in which case the payment date will be negotiated with you. Certificates issued in respect of units repurchased must be returned for cancellation. If the units to be repurchased are subject to a pledge, written consent is necessary for the transaction. Repurchase instructions which include a change in your banking details must be accompanied by a copy of a cancelled cheque or bank statement less than three months old.		
Investor communication A transaction advice will be sent to you once your investment has been processed. Statements will be issued on a quarterly basis. Our client service consultants are available during business hours on 061 275 700 (Monday to Friday from 08:00 to 17:00).		
Pricing and cut-off times Forward pricing occurs at 15:00 each business day and at 17:00 on the last business day of each month. Units will be purchased at the ruling net asset value price on the date of your deposit by the administrator. Completed application forms and notification of deposits must be received before 14:00 for the investment to be executed on that day. If received after the applicable cut-off time, your money will be invested at the net asset value price of the next day. The 14:00 cut-off time also applies to redemptions and switches (unless the amount being disinvested exceeds 5% of the total fund value). Please ensure that we receive new or changed debit order instructions at least 10 days before the debit order commencement or cancellation date which you have specified. All purchases are subject to a 14-day clearance period in respect of subsequent redemptions. Distributions on purchases within the 14-day clearance period will be automatically reinvested.		
Bank account details		
NAM Coronation Strategic Income Fund Account Holder: Namibia Unit Trust Managers Bank: Standard Bank Branch: Windhoek Branch Code: 08 237200 Account Number: 24 097 411	NAM Coronation Balanced Defensive Fund Account Holder: Namibia Unit Trust Managers Bank: Standard Bank Branch: Windhoek Branch Code: 08 237200 Account Number: 04 148 5351	NAM Medical Absolute Fund Account Holder: Namibia Unit Trust Managers Bank: Standard Bank Branch: Windhoek Branch Code: 08 237200 Account Number: 24 097 7076
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