



NAMIBIAUNITTRUSTMANAGERS  
LIMITED

UNIT TRUST INVESTMENT APPLICATION FORM  
Trusts

A. Trust details (please complete all fields)			
New investor:		Existing client:	Investor number:
Registration number:			
Contact name(s):			
Income tax number:		Tax office:	
Postal address:			
		Code:	
Business address:			
		Code:	
Address of Master of the High Court:			
		Code:	
Telephone number: ( )		Fax number: ( )	
E-mail address:			
<b>IN RESPECT OF EVERY TRUSTEE, BENEFICIARY, FOUNDER OF THE TRUST AND EVERY NATURAL PERSON WHO PURPORTS TO BE AUTHORISED TO TRANSACT ON BEHALF OF A TRUST:</b>			
<b>If a natural person</b>			
Title:		Surname:	
First name(s):			
ID number:		Nationality:	
Residential address:			
		Code:	
Telephone number: ( )		Fax number: ( )	
E-mail address:			
<b>If a company or close corporation</b>			
Registered name:			
Trading name:			
Company/Close Corporation registration number:			
Contact name(s):			
Postal address:			
Registered address:			
Business address:			
Telephone number: ( )		Fax number: ( )	
E-mail address:			
<b>If a foreign company</b>			
Registered name:			
Trading name:			
Registration number:			
Contact name(s):			
Postal address:			
		Code:	
Registered address:			
		Code:	

A. TRUST DETAILS CONTINUED

Business address:				Code:			
Telephone number: ( )				Fax number: ( )			
E-mail address:							
<b>If other legal entity</b>							
Legal name:							
Legal form:							
Contact name(s):							
Postal address:				Code:			
Business address:				Code:			
Telephone number: ( )				Fax number: ( )			
E-mail address:							
<b>If partnership</b>							
Partnership name:							
Contact name(s):							
Postal address:				Code:			
Business address:				Code:			
Telephone number: ( )				Fax number: ( )			
E-mail address:							
<b>If a trust:</b>							
Trust name:							
Registration number:							
Contact name(s):							
Postal address:				Code:			
Business address:				Code:			
Telephone number: ( )				Fax number: ( )			
E-mail address:							

**B. Supporting documentation** (Copies of the supporting documentation are sufficient as long as all text and photograph are clear and legible)

Copy of authorization given by the Master of the High Court to each trustee of the trust	
Copy of authority given by the Master of the High Court (or such other official document issued if a foreign trust)	Proof of income tax number
Copy of trust deed or founding document	Proof of banking details (e.g. bank statement or cancelled cheque less than three months old)
<b>FOR EACH TRUSTEE / AUTHORISED PERSON / BENEFICIARY / FOUNDER</b>	
<b>Natural person</b>	
Copy of ID document (Namibian residents) / passport (foreign nationals)	
<b>Close Corporation</b>	
Founding Statement, Certificate of Incorporation (CK1) and Amended Founding Statement (CK2)	
Proof of trading name and business address (e.g. copy of letterhead or utility bill)	
<b>Partnership</b>	
Partnership agreement	

<b>Trust</b>	
Copy of trust deed or founding statement	Copy of 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.

**Regular debit order authority**

I/We the undersigned, request that NUTM draw against my/our bank account the debit order investment amounts in terms of this application on the 1<sup>st</sup> 7<sup>th</sup> 15<sup>th</sup> 28<sup>th</sup> 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 in Section D on the anniversary date each year for the duration of the debit order.

Authorised signature/s \_\_\_\_\_ Date \_\_\_\_\_

**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 Return Fund**

	Lump sum investment	Debit order amount	Annual debit order increase
			%

**Income distribution**

Reinvest	Deposit in bank account (as per details in section C)
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**E. Method of payment**

Cheque deposit:	
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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:	
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Electronic/internet transfers may take up to two days to appear on the relevant bank account. Units may only be priced upon confirmed receipt of documentation and monies into the relevant Unit Trust bank account.

Regular debit order:	
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Please complete the regular debit order authority section if you select this option.

**F. Communication from NUTM investor services**

Please send my transaction statement by :	E-mail:		Post:	
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**G. Instruction by client**

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

G. INSTRUCTION BY CLIENT CONTINUED

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 financial advisor as indicated below.

Signature/s of applicant/s \_\_\_\_\_ Date / /

**H. Financial advisor detail and declaration**

Contact name:		Company:	
Agent account number:		Registration number:	
FSP license number:		Authorised agent signature:	

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 referred to in section B need not be submitted to NUTM, apart from a copy of the ID and proof of bank details.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_.

Signature of financial advisor \_\_\_\_\_

**I. Financial advice fees (Please select an option)**

<input type="checkbox"/>	I acknowledge that I did not receive financial advice from a financial advisor
<input type="checkbox"/>	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**

<p><b>NAM Coronation Strategic Income Fund</b> Account Holder: Namibia Unit Trust Managers Bank: Standard Bank Branch: Windhoek Branch Code: 08 237200 Account Number: 24 097 411</p>	<p><b>NAM Coronation Balanced Defensive Fund</b> Account Holder: Namibia Unit Trust Managers Bank: Standard Bank Branch: Windhoek Branch Code: 08 237200 Account Number: 04 148 5351</p>	<p><b>NAM Medical Absolute Fund</b> Account Holder: Namibia Unit Trust Managers Bank: Standard Bank Branch: Windhoek Branch Code: 08 237200 Account Number: 24 097 7076</p>
<p><b>Physical address</b> 1<sup>st</sup> Floor KPMG House 2005 24 Orban Street Klein Windhoek</p>	<p><b>Contact details</b> Tel: +264 61 275 700 Fax: + 264 61 249 444 E-mail: nutm@namasset.com.na</p>	<p><b>Postal address</b> PO Box 23329 Windhoek Namibia</p>