



- All sections must be completed in full using BLOCK LETTERS
- Indicate all options selected by means of a cross [X].
- Initial any amendments made to the application form.
- Ensure that all information provided is accurate.
- No instruction will be processed unless all requirements have been met.
- The daily cut-off or receipt of instructions is 12h00 and 10h00 for Money Market Fund instructions.
- You may opt to complete this form digitally - it requires Adobe Acrobat Reader DC. Download it to your device by clicking on the icon above.
- Completed forms should be faxed to +264 (61) 249 444, emailed to clientservices@namasset.com.na
- Should you have any queries regarding this application, please contact us on +264 (61) 275 700.

A INVESTOR DETAILS

Investor Number:

Full Name of Investor:

ID/Passport/Company/Trust/Partnership/Close Corporation Registration Number:

Contact Number: Email Address:

I am acting on behalf of an investor. *For example, guardian and persons with Power of Attorney or mandate acting on behalf of disabled or insolvent persons.*

Full Name:

ID or Passport Number (if Foreign National):

Contact Number: Email Address:

B (I) NEW DEBIT ORDER

	Debit Order (Minimum N\$500 p.m.)	Annual Debit Order Increase (Enter Percentage)	Income Distribution Reinvested	OR	Income Distribution Paid to Bank Account
NAM Coronation Money Market Fund	N/A	N/A	<input type="checkbox"/>	or	<input type="checkbox"/>
NAM Coronation Strategic Income Fund	N\$	%	<input type="checkbox"/>	or	<input type="checkbox"/>
NAM Coronation Balanced Defensive Fund	N\$	%	<input type="checkbox"/>	or	<input type="checkbox"/>
NAM Coronation Capital Plus Fund	N\$	%	<input type="checkbox"/>	or	<input type="checkbox"/>
NAM Coronation Balanced Plus Fund	N\$	%	<input type="checkbox"/>	or	<input type="checkbox"/>
NAM Coronation Optimum Growth Fund	N\$	%	<input type="checkbox"/>	or	<input type="checkbox"/>

SOURCE OF FUNDS

What is the source of funds for this investment? (Compulsory)



DEBIT ORDER AUTHORITY

(Complete this section if you are setting up a new debit order)

I/We the undersigned, authorise Namibia Unit Trust Managers to draw against my/our bank account the debit order investment amounts in terms of this application on the of each month, commencing on:



If the debit order date fall on a weekend or public holiday, collection will take place on the next business day.

All such payments 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 amounts. I/We acknowledge that debit order investments are subject to a 30 calendar days clearance period, no redemptions will be processed on these uncleared investment amounts during that period. I/We agree that this debit instruction is irrevocable and irreversible and hereby indemnify NUTM against any loss or damage it may suffer or incur should the recurring debit order either be reversed or not be honoured for any reason whatsoever.

If the debit order is collected from a third party bank account, Bank account holder should complete "Third-Party Contridutor" form and required supporting documents (A copy of the third party's identity document, bank statement and proof of residential address) must accompany this form.

I authorise Namibia Unit Trust Managers to collect debit order(s) from my/our bank account as per below selection:

Use my Personal Bank Account Details (use my bank account details on file)

Or

Use my/our back account listed below (bank statement / bank confirmation letter, not older than 3 months must accompany this form):

Name of Account Holder:

Name of Bank: Branch Name:

Branch Code: Account Number:

Type of Account: Current Savings

Signature of Account Holder (or Authorised Representative)

(II) EXISTING DEBIT ORDER

1. CHANGE DEBIT ORDER AMOUNT

FUND NAME	DEBIT ORDER AMOUNT (Minimum N\$500 Per Month)
NAM Coronation Strategic Income Fund	
NAM Coronation Balanced Defensive Fund	
NAM Coronation Capital Plus Fund	
NAM Coronation Balanced Plus Fund	
NAM Coronation Optimum Growth Fund	
Effective Date:	<input type="text"/> <input type="text"/> <input type="text"/>

2. TERMINATE EXISTING DEBIT ORDER(S) FOR THE FOLLOWING FUNDS

FUND NAME	DEBIT ORDER AMOUNT
NAM Coronation Strategic Income Fund	
NAM Coronation Balanced Defensive Fund	
NAM Coronation Capital Plus Fund	
NAM Coronation Balanced Plus Fund	
NAM Coronation Optimum Growth Fund	
Effective Date:	<input type="text"/> <input type="text"/> <input type="text"/>

3. CHANGE DEBIT ORDER COLLECTION DATE

I/We authorise Namibia Unit Trust Managers to change my/our debit order collection date to:

of each month, commencing on:



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INVESTOR DECLARATION

I/We hereby acknowledge that all terms and conditions that are applicable to my original investment application apply to this instruction and I/we understand and agree to be bound by those terms.

Signature of Investor / Authorised Representative:

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Signature of Investor / Authorised Representative:

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NOTES / ADDITIONAL INSTRUCTIONS