



UNIT TRUST INVESTMENT APPLICATION FORM

IMPORTANT INFORMATION

- 1. Itransact Fund Managers (RF) (Pty) Ltd is the Manager of this investment and is referred to herein as "the Manager".
- 2. Automated Outsourcing Services (Pty) Ltd is an authorised Financial Services Provider and is the administrator of this investment. It is referred to herein as "the Administrator".
- 3. Please send your signed application form and supporting documents to the Manager by either Fax 011 561 6812 or Email admin@itransactfm.co.za.
- 4. The responsibility of transmitting the documents to the Manager lies with the sender. No Product application form is considered complete without all required documentation associated to this Product.
- 5. The most recent terms and conditions associated to this Product (and any additional document referred to in clause 2 thereof) form part of this application. It is the Investor/s or their duly authorised person/s responsibility to read and understand the terms and conditions, as well as such other documents that are the basis for investment into this Product, before signing this application form. The terms and conditions of this Product are available from the IFM investor support centre during business hours on 0861 11 60 75. Alternatively, you may view the terms and conditions of this Product at www.itransactfm.co.za or at Itransact Fund Managers' physical address stated in Section 12.

SECTION 1: INVESTOR DETAILS	S																
Investor Type	Individual	Со	mpa	iny			СС		Tr	ust			Part	ners	hip		
	Other																
Title	Mr		Ms [١	Mrs .			Dr		P	rof		T	he F	Hon	
First Name or Trading Name (If a legal entity	/)																
Surname/Registered Name																	
Company/Trust Registration Number																	
Identity/Passport Number																	
Resident of South Africa	Yes		No														
Date of Birth																	
Gender	Male	F	ema	ale													
Income Tax Number (if applicable)																	
Withholdings Tax Status (if applicable)	Exempt] 1	Not E	Exem	npt			the		inisti				oleas nd W			
VAT Registration Number (if applicable)																	
Residential/Trading Address																	



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Tick if postal address is same as residential												J				l	
Postal Address		_				Τ		Π									
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	L	+				<u> </u>											
	L	<u> </u>															
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Cell Phone Number																	
Other Contact Number																	
Email Address																	
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SECTION 2: THIRD PARTY APPLICANT																	
(If you are opening an account for a person other than The details of the authorised representative who is re													letec	in S	Secti	on 1.	
Third Party Applicant																	
Third Party Applicant Title	1r		Ms]	Mrs			Dr		P	rof] -	The H	Hon	
	1r		Ms			Mrs]	Dr		P	rof] -	The F	Hon	
Title M	1r		Ms			Mrs			Dr		P	rof		-	The H	Hon	
Title M First Name	1r		Ms			Mrs			Dr		P	rof			The H	Hon	
Title M First Name	1r		Ms			Mrs			Dr		P	rof			The H	Hon	
Title M First Name Surname	1r		Ms			Mrs			Dr		P	rrof			The H	Hon	
Title M First Name Surname Identity/Passport Number	1r		Ms			Mrs			Dr		P	rof			The H	Hon	
Title M First Name Surname Identity/Passport Number Capacity	1r		Ms			Mrs			Dr		P	rof			The H	Hon	
Title M First Name Surname Identity/Passport Number Capacity Telephone Number	1r		Ms			Mrs			Dr		P	rrof			The H	Hon	
Title M First Name Surname Identity/Passport Number Capacity Telephone Number Facsimile Number			Ms			Mrs			Dr		P	rrof			The H	Hon	
Title M First Name Surname Identity/Passport Number Capacity Telephone Number Facsimile Number Cellphone Number			Ms			Mrs			Dr		P	rof			The H	Hon	
Title M First Name Surname Identity/Passport Number Capacity Telephone Number Facsimile Number Cellphone Number	1r		Ms			Mrs			Dr		P	rrof			The H	Hon	
Title First Name Surname Identity/Passport Number Capacity Telephone Number Facsimile Number Cellphone Number Email Address Legal Entity										Corne							
Title First Name Surname Identity/Passport Number Capacity Telephone Number Facsimile Number Cellphone Number Email Address			Ms Jnliste Liste		J J J J J J J J J J J J J J J J J J J	any			Dose (Corpo	pratic	on [Pari	The H	ship	

Name of Entity																		
Company Registration Number																		
VAT Registration Number (if applicable)																		
Income Tax Number (if applicable)																		
Country of Tax Residence																		
Dividend Withholding Tax Status	Exempt		1	Not E	Exem	npt		rela	ating	to t	his P	rodu	uct. I	f exe	empt	nd co c, also tion F	o ens	
Withholding Tax on Interest Status	Exempt		1	Not E	Exem	npt		rela	ating	to t	his P	rodu	uct. I	f exe	empt	nd co c, also cion F	o ens	
Residential Address																		
												Co	ode					
Tick if postal address is same as residentia	al address																	
Postal Address																		
													Co	ode				
Cell Phone Number													_					
Other Contact Number																		
Email Address					•		•	•	•	•	•	•	•					
SECTION 3: PARENT/LEGAL (GIIADDIAN	,																
(Where an investment is made on behalf of a			of th	0.00	ront (or loc	ים מי	ıərdi	one n	ouet l	oo fu	rnich	od b	oro.)				
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Surname/Registered Name															<u></u>	<u></u>		
															<u></u>	<u></u>		
Identity/Passport Number		Ш					1								<u></u>			
Gender	Male			Fen	nale													
Relationship													<u> </u>		<u> </u>	<u></u>	<u>_</u>	
Cell Phone Number																		

Other Contact Number														
Email Address														
SECTION 4: FOREIGN ACCOUNT TA	Y COMI	DI I	۸ NCI	E	T (E	ATC /	1)							
_														
The Foreign Account Tax Compliance Act (FATCA) living outside the U.S.) to have yearly reported them Network (FINCEN), and requires all non-US (Foreig for reporting their assets and identities to the US Ti	selves and n) Financi	d the	eir non	-U.S fi	nancia	al acco	unts t	to the	Financ	cial Cr	imes Er	nforce	ment	
For Natural Persons Are you a tax resident of another county other than	ı South Af	rica	?							Yes		No		
Is your Country of birth or Nationality not South Af	rica?									Yes		No		
For Juristic Persons Is the Juristic person or its beneficiaries or shareho other than South Africa?	ders regis	tere	d for ta	ax in a	nothe	er cour	ntry			Yes		No		
Is your Country of birth or Nationality of any other	peneficiari	ies o	r share	eholde	ers no	t Soutl	n Afric	ca?		Yes		No		
If you have answered 'Yes' to any of the previous certification Form available from the Administrat	-			-			_			Comp	oliance	Act -	Self-	
SECTION 5: METHODS OF COMMUNICA	TION, P	RO	TECT	ION	& PR	IVAC	Y OF	F PEI	RSON	IAL I	NFOR	MAT	ION	
Method of communication Please note that email will be used as the preferred by the Investor can be via electronic means, which the details provided in Section 11 below.														
Privacy of Personal Information The Manager would like to offer you ongoing financinformation about new or current products or servi		es ar	nd may	use y	our p	ersona	ıl infoı	rmatio	on to p	rovide	e you w	vith		
Do you agree to receive occasional marketing infor	mation fro	m th	ne Adn	ninistr	ator?		Yes		No					
The Manager has adopted a Protection of Personal obtain information about you. You may access info corrected or the information be deleted. Please vie	mation ab	oout	you th	nat is h	eld b	y the N	1anag	ger an	d requ	est th	at any	errors	are	
SECTION 6: GENERAL INVESTMENT	DETAII	LS												
Source of Funds Inhe	Salary			olicy [ation ase S		y belov		Invest	ment		
*Kindly refer to the latest Minimum Disclosure Do	cument fo	or in	vestm	ent m	inimu	ıms.								

SECTION 7: 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

Collective Investment Schemes

Category 1 (1.14) Participatory interests in collective investment schemes

PROD	NICT	CEI	ECT	IV VI
PROL	וטטי	SEL	ヒしょ	IUN

Product Names	Lump Sum Amount	Recurring Contribution	Annual Increase
Total Lump Sum Amount			
Additional Notes			
 Distributions of less than R100.00, will auto 	omatically be re-invested:		
- investor elects to re-invest these distribution	•		
Recurring Contribution Information (please mark	(selection)		
Investment Intervals	Monthly Qu	arterly Half Year	rly Annually
Note: Annual increases are limited to whole percenamounts will be accepted.	tage increments only. No fr	ractionalised percentage in	crements or monetary
Debit Orders are collected on the 1st of the month.			
Distribution Instructions	Reinvest	Payout	
Method of Payment (No cheques or cash accepted Select one method below	d)		
Monthly Debit Order Complete the debit order details below			
Electronic Collection by the Administrator The Administrator will debit your account a documents. This facility is only available for	within two business days of	receiving the application f	orm and all relevant
You will receive a confirmation letter once transfer will be confirmed in this letter. Not Manager's inflow bank account indicated by upon proof of deposit. Please furnish the Manager's inflow bank account indicated by upon proof of deposit.	e that electronic/internet tr elow. Lump sum investmen	ransfers may take up to two ts funded by internet trans	o days to appear in the sfer will only be processed

Trustee Company

RMB Custody and Trustee Services is a company registered in South Africa (with company registration number: 1929/001225/06), and is approved as a trustee company by the Financial Sector Conduct Authority to hold assets in trust on behalf of the Investor.

SECTION 8: INVESTOR BANK DETAILS

This bank account must be a South African bank account in the name of the investor or the investor's legal guardian in the case of a minor. Name of Account Holder

Name of Account Holder												
Name of Bank												
Account Number												
Branch Name												
Branch Code												
Account Type												
Tick box if debit order bank details are the same as t	he inv	esto	or ba	nk d	etail	ls ab	ove					
Name of Account Holder												
Name of Bank												
Account Number												
Branch Name												
Branch Code												
Account Type												

Debit Order Authority

- 1. I/We hereby request, instruct and authorise Itransact Fund Managers (RF) (Pty) Ltd, its successors or its assignees ("the Manager") 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 Manager not less than 10 business days' written notice.
- 5. I/We agree that receipt of this instruction by the Manager shall be regarded as receipt thereof by my/our bank.
- 6. I/We acknowledge that in order to activate the debit order, the Manager must receive the debit order authority at least 10 business days prior to the first debit order date.
- 7. Please note that the debit order instruction will be accepted upon the signing of this authority by the bank account holder.
- 8. Please note that the required FICA documentation will need to be provided in the case of a third party debit order bank account, along with the specimen signature on a copy of the third party Identity Document.

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Print Initials and Surname														

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SECTION 9 INVESTOR DECLARATION

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(Pleas	se tick one option only)
	The investor, or its duly authorised signatory has appointed a Financial Services Provider, and acknowledges that he/she/has been provided with and is aware of and understands all the Product information relating to the Product and the investments underlying the Product including the risks associated with the investment, commissions and fees applicable to the investment and the Investor's responsibilities.
	The Investor, or its duly authorised signatory has not appointed a Financial Services Provider, and the Investor acknowledges that he/she has personally established all the facts associated with this Product and is aware of and understands all the information relating to the Product and the investments underlying the Product including the risks

Note: If the Investor, or its duly authorised signatory has not appointed a financial services provider to assist the Investor with his/her investments under the Product, then the references below to a financial services provider will not be applicable for as long as no such appointment is made.

associated with the investment, commissions and fees applicable to the investment and the Investor's responsibilities.

General

- 1. The Investor, or where applicable, the Investor's authorised signatory, by appending their signature hereto, states and declares that the Investor, or where applicable, the Investor's authorised signatory, has read and understood the terms and conditions pertaining to this investment Product and the investment media selected and warrants that all statements given by the Investor, or where applicable, the Investor's authorised signatory, in the application form are true and correct in every respect and that such statements, together with the Investment Confirmation, shall form the basis of the contract, which is to be entered into with and between the Investor, or where applicable, the Investor's authorised signatory and the Manager.
- 2. The Investor acknowledges that neither the Financial Services Provider nor any representative of the Financial Services Provider is an employee or agent of the Manager and that the Financial Services Provider acts as the Investor's agent.
- 3. The Investor further acknowledges that neither the Administrator nor any other party appointed from time to time to administer the Product (each referred to hereafter as "the Administrator") can be held liable for any act or omission of the Financial Services Provider and/or any representative of the Financial Services Provider.
- 4. The Investor acknowledges that he/she understands that if he/she terminates the Financial Services Provider's appointment, it is his/her responsibility to immediately advise the Manager in writing of such termination and the Manager will then cease payment of all fees, other than accrued fees, to the Financial Services Provider.
- 5. The Investor understands that all instructions to the Manager must be signed by the Investor or the Investor's duly authorised signatory and may not be signed by the Financial Services Provider on behalf of the Investor; provided that where the Financial Services Provider is appointed on a discretionary basis and proof of authority is provided (see section 9), the Manager shall be entitled to accept instructions from such discretionary Financial Services Provider to invest in specific securities and to vary the selection of securities.
- 6. The Investor confirms that the Financial Services Provider has explained and that the Investor is aware of and understands all the Product information relating to the Product and the investments underlying the Product including the risks associated with the investment, commissions and fees applicable to the investment and the Investor's responsibilities.
- 7. The Investor, or where applicable, the Investor's authorised signatory, by appending his/her signature hereto, states and declares that he/she has read, understood and accepted the terms and conditions pertaining to this investment. The Investor warrants that all statements made by the Investor in this application form are true and correct.
- 8. The Investor acknowledges that it is the Investor's responsibility to ensure the receipt of any instruction and/or document by the Manager.
- 9. The Investor acknowledges that there are certain requirements in terms of the Financial Intelligence Centre Act, 2001 which need to be complied with before this investment may be processed and that these requirements have been explained to the Investor by the Financial Services Provider.
- 10. The Investor warrants that the money which he/she is investing is not derived from the proceeds of unlawful activities, as defined in the Prevention of Organised Crime Act, 1998.
- 11. The Investor consents to receiving reports from the Manager on an annual basis, in the event that the value of the investments held under the Product at any time is less than R1000, on the basis that the Investor (or where applicable, the Financial Services Provider) is able to access information regarding the investment continuously via electronic means made available by the Manager.
- 12. The Investor warrants that it is not resident in the United States of America or its territories or resident in any other jurisdiction where investment in the Product would be unlawful or otherwise not permitted, and further warrants that the Manager does not need to make any disclosure or provide any information about investment in the Product to any party whatsoever. The Investor further acknowledges that he/she is solely responsible for informing the Manager of any changes that may impact on this warranty and to provide the Manager with the necessary declaration documentation and/or tax information.

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Fees and Charges

The Investor acknowledges that the following fees and charges apply to investments made in the Product:

1.	An Initial Financial Advisor Fee, as specified below, n can be a maximum of 3% of the value of investments the Financial Services Provider. This fee shall be paya and shall be levied against all investment contributio	s made able by t ons.	in the the M	e Prod anag	duct ger o	, exc n be	ludir half	ng VA of the	T, an	nd is 1	nego	tiate	d bet	twee	en the	e Inve	estor	and
	Specify Initial Financial Advisor Fee.	% (Maxi	mum	of 3	% ex	clud	ing \	/AT)										
2.	An Annual Financial Advisor Fee, as specified below. This fee can be a maximum of 1% per annum of the v between the Investor and the Financial Services Profinancial Services Provider. The fee shall be calculate Investor under the Product and paid monthly, in accounts the product of the Product and paid monthly.	value of vider. Thed as a p	inves nis fee perce	tmer e sha ntag	nts h II be e of t	eld u paya the c	inde able laily	r the by th mark	Prod e Ma et va	luct, inage ilue d	excluer on of the	iding beha inve	VAT alf of	, and the	d is no Inves	egot stor t	iated to the	
_ _	rther conditions applicable to fees a Fees and charges specified above are subject to the Fees and charges are subject to change (see terms a Value added tax shall be charged on a fees and levie	terms a	ind co	ondit ns).	ions	cont	aine	d in t	:he a _l	pplic	ation	ı forn	n.					
VE	ersion - IFM - IND	nis applic	cation	n can	not			ssed. (ddm		'yy)[
	-																	
Pri	int Initials and Surname																	
)ate	(ddm	ımyy	'yy)								
	gnature of third party applicant or authorised repetailed in Section 2 and 3 of this application form)	oresent	ative	of t	he l	egal	enti	ity										
Pri	int Initials and Surname																	
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SECTION 10 FINANCIAL SERVICES PROVIDER DECLARATION

General

- 1. The Financial Services Provider ("FSP") through whom the application for an investment is being made confirms that the FSP and the Financial Advisor named in section 10 are licensed (in the case of the FSP) and authorised (in the case of the Financial Advisor) to provide the relevant financial services in respect of the financial Products to which this application relates. (A certified copy of the FSP licence in terms of the Financial Advisory and Intermediary Services Act, 2002, ("FAIS") must be supplied). The FSP specifically confirms that the FSP and the Financial Advisor are "fit and proper", as required by FAIS, to provide the relevant financial services in respect of the financial Products to which the application relates.
- 2. The FSP/authorised representative of the FSP by appending his/her signature hereto, states and declares 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. The FSP warrants that all statements given by him/her/it in the application form are true and correct in every respect.
- 3. The FSP/Financial Advisor shall not negotiate fees in respect of the Product which are higher than the maximums stipulated on this application form.

investments to the Investor, including, but not limite required in terms of FAIS to the Investor.	d to a	all th	e fee	!S, C(osts	and	risks	invo	olved	d and	d has	mac	lla et	disc	losu	res	
Please Select Applicable Option: The FSP is appointed:																	
On a non-discretionary basis																	
On a full discretionary basis, in which case proc	of of a	utho	ority	mus	t be	e prov	vided	ł									
						Date	(ddn	nmy	ууу)								
Signature of Investor or duly authorised person/s																_	
Print Initials and Surname					L									L		L	
														<u></u>		<u></u>	
SECTION 11 FINANCIAL SERVICES PRO	WID	ED	Λ NI	D E	:INI	ΛN	CIA	I A	ח	/10/	ו מר	DET	7 A 11	c			
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Financial Service Provider Details								1	1								
Name of Financial Services Provider (If a legal entity) Financial Services Provider Code with														<u></u>			
Itransact Fund Managers																	
Telephone Number																	
Facsimile Number																	
Cell Phone Number																	
Email Address																	
Tick the box if the details below are the same as the FSP de	etails a	abov	/e [
Financial Advisor/Representative Details																	
First Name																	
Surname																	
										Τ		Τ					
Financial Advisor/Representative Code with Itransact Fund Managers																	
Telephone Number																	
Facsimile Number																	
Cell Phone Number																	
Email Address																	

4. The FSP further warrants and confirms that he/she/it has explained all the features of the Product and its underlying



SECTION 12 MANAGER CONTACT DETAILS

Financial Advisor and Investor Support Centre

Telephone 0861 11 60 75 Fax 011 561 6812

Email admin@itransactfm.co.za

Head Office

Physical Address 15 Philips Street Ferndale Randburg South Africa 2194

Postal Address PO Box 4769 Randburg South Africa 2125

Website www.itransactfm.co.za

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