



UNIT TRUST INVESTMENT APPLICATION FORM

IMPORTANT INFORMATION

- 1. Itransact Fund Managers (RF) (Pty) Ltd, or IFM, 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 Fund application form is considered complete without all required documentation associated to this Fund.
- 5. The most recent terms and conditions associated to this Fund (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 Fund, before signing this application form. The terms and conditions of this Fund 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 Fund at www.itransactfm.co.za or at Itransact Fund Managers' physical address stated in Section 10.

SECTION 1: INVESTOR DETAILS															
Type of Entity	Listed Company Unlisted Company Trust RA/ILLA/Pres.Fund LISP														
	Pension/Provident Fund FoF Close Corporation Government Entity									y LT Insurer					
	Manco Medical Sch	heme	Partr	nership		Retirem	ent Fi	und							
	Oth	ner													
Trading Name (If a legal e	ntity)														
Registered Name															
Company/Trust Registration	on Number														
Country of Incorporation															
Resident of South Africa	\	res	No												
Date of Incorporation/Reg	gistration														
Income Tax Number															
Withholdings Tax Status (if applicable) Exem	npt	Not	Exempt	-	the	admi	elected nistrato ion Forr	rs Di			omple	ete		
VAT Registration Number															
Trading Address															
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Postal Address																	Т	
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Contact Number																Π	Г	
Alternative Contact Number																		
Email Address																		
SECTION 2: AUTHORISED SIGNATOR	2V 0	ET	uc	I E	2 / 1	EN	JTIT	· ·										
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The details of the authorised signatory who is resp		le lor	ine]		esun	1		De c	.01116				rof] -	Thal	llon	
	Mr			Ms] ' 	Mrs T			Dr I		P	rof		' —	The I	10II	
First Name																	<u></u>	
Surname																<u></u>	\sqsubseteq	
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Identity/Passport Number																L		
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Telephone Number																		
Cellphone Number																		
Email Address																		
SECTION 3: TAX RESIDENCY SELF	CER'	TIFI	CA	TIC	N													
Foreign Account Tax Compliance Act (FATCA) The Foreign Account Tax Compliance Act (FATCA) living outside the U.S.) to have yearly reported ther Network (FINCEN), and requires all non-US (Foreig for reporting their assets and identities to the US T	nselve gn) Fii	es an nanci	d th	eir n	on-U	l.S fir	nanc	al ac	cou	nts t	o the	Fina	ancia	al Cri	mes	Enf	orcer	ment
Common Reporting Standard (CRS) Reporting CRS is a global standard developed by the Organ exchange of financial account information between Administration Act, 2011, which requires Financial II find reportable accounts and report the prescribed	n tax a nstitu	autho tions	ritie resi	es wo	rldw	vide.	CRS	Reg	ıulat	ions	were	issu	ied k	y SA	ARS I	unde	er th	e Tax
Is the Juristic person or its beneficiaries or sharehoother than South Africa?	olders	regis	stere	ed fo	r tax	in a	noth	er co	ount	ſУ				Yes			No	

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Is your Country of birth or Nationality of any c	other beneficiaries or	shareholde	rs not South	Africa?	Yes No
If you have answered 'Yes' to any of the prevavailable from the IFM Investor Support Cen			e the 'Tax R	esidency Self Ce	rtification Form'
SECTION 4: METHODS OF COMMUI	NICATION, PROT	ECTION 8	R PRIVACY	OF PERSON	AL INFORMATION
Method of communication In order to view and access your transaction h http://s-ibrowse:7744/i-Browse/.	nistory and download	l statements	, please regi	ster for online acc	ess at
Please note that email will be used as the pref by the Investor can be via electronic means, w the details provided in Section 11 below.					
Privacy of Personal Information Itransact Fund Managers (RF)(Pty)Ltd has adpersonal information or obtain information abrequest that any errors are corrected or the in	out you. You may ac	cess informa	ation about y	ou that is held by	the Manager and
SECTION 5: GENERAL INVESTM	ENT DETAILS				
Source of Funds	Salary	Policy Other	Dona (Plea	stion Sa	aving Investment
*Kindly refer to the latest Minimum Disclosu	re Document for inv	estment mi	nimums.		
*Kindly refer to the latest Minimum Disclosu SECTION 6: INVESTMENT DETAIL		estment mi	nimums.		
		restment mi	nimums.		
SECTION 6: INVESTMENT DETAI		estment mi Lump Sur Amount	n R	ecurring Contribution	Annual Increase
SECTION 6: INVESTMENT DETAIL FUND SELECTION	LS	Lump Sur	n R	_	
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FUND SELECTION Fund Names	Class	Lump Sur Amount	n R	_	
FUND SELECTION Fund Names Tota Additional Notes Distributions of less than R100.00, will	Class Lump Sum Amount	Lump Sur Amount	n R	_	
FUND SELECTION Fund Names Tota Additional Notes Distributions of less than R100.00, will Recurring Contribution Information (please	Class	Lump Sur Amount	n R	ontribution	Increase
FUND SELECTION Fund Names Tota Additional Notes Distributions of less than R100.00, will	Class Class Lump Sum Amount automatically be remark selection) Monthly	Lump Sur Amount	n R	_	

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	d of Payment (No cheques or cash accepted) one method below																	
	Monthly Debit Order Complete the debit order details below																	
	Electronic Collection by IFM (Maximum R1,000,000) IFM will debit your account within two business days of receiving the application form and all relevant documents.																	
	Flectronic Internet Transfer You will receive a confirmation letter once your transfer will be confirmed in this letter. Note that Manager's inflow bank account and will only be via email or facsimile (see Section 11 below).	at elec	ctron	ic/ir	ntern	et tr	ansfe	ers n	nay t	ake	up to	o two	o dag	ys to	арр	ear i	n the	
SECT	TION 7: INVESTOR BANK DETAILS																	
This b	ank account must be a South African bank acco	unt ir	n the	nan	ne o	f the	inve	esto	r/ le	gal e	entity	y						
Name	of Account Holder																	
Name	of Bank																	
Accou	nt Number																	
Branch	n Name																	
Branch	n Code																	
Accou	nt Type																	
Tick b	ox if debit order bank details are the same as th	ne inv	esto	r ba	nk d	etail	ls ab	ove										
Name	of Account Holder																	
Name	of Bank																	
Accour	nt Number																	
Branch	Name																	
Branch	Code																	
Accour	nt 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.

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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.

Date (ddmmyyyy)

Print Initials and Surname

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

SECTION 8 INVESTOR DECLARATION

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(Pleas	se tick one option only)
	I/We have appointed a Financial Services Provider, and acknowledge that I/we have been provided with, is aware of and understand all the Fund information relating to the Fund, the investments underlying the Fund, including the risks associated with the investment, commissions and fees applicable to the investment and our responsibilities.
	I/We acknowledge that I/we have personally established all the facts associated with this Fund and are aware of and understand all the information relating to the Fund, and the investments underlying the Fund including the risks associated with the investment, commissions and fees applicable to the investment and our responsibilities.

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 Fund, then the references below to a financial services provider will not be applicable for as long as no such appointment is made.

General

- 1. I/We, by appending our signature hereto, state and declare that we have read and understood the terms of conditions of this Fund, the Minimum Disclosure Document and the investment media selected, warrant that all statements given by us in the application form are true and correct in every respect and that all such statements, together with the Investment Confirmation, shall form part of the basis of the contract, which is to be entered into with and between us, the Investor, and IFM.
- 2 I/We acknowledge that neither the Financial Services Provider, nor any representative of the Financial Services Provider, is an employee or agent of IFM and that the Financial Services Provider acts as the Investor's agent.
- 3 I/We further acknowledge that neither IFM, nor the Administrator (or any other party from time to time to administer the Fund, 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 I/We acknowledges that we understand that if we terminate the Financial Services Provider's appointment, it is our responsibility to immediately advise IFM in writing of such termination and IFM will then cease payment of all fees, other than accrued fees, to the Financial Services Provider.
- 5 I/We understand that all instructions to IFM must be signed by us and may not be signed by the Financial Services Provider on behalf of us; provided that where the Financial Services Provider is appointed on a discretionary basis and proof of authority is provided, IFM shall be entitled to accept instructions from such discretionary Financial Services Provider to invest in specific funds and to vary the selection of funds.
- 6 I/We acknowledge that it is our responsibility to ensure the receipt of any instruction and/or document by IFM.
- 7 I/We 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 us by IFM, or the Financial Services Provider.
- 8 I/We warrant that the money which we are investing is not derived from the proceeds of unlawful activities, as defined in the Prevention of Organised Crime Act, 1998.
- 9 I/We consent to receiving reports from IFM on an annual basis. In the event that the value of the investment at any time is less than R1000, on the basis that we (or where applicable, the Financial Services Provider) are able to access information regarding the investment continuously via electronic means made available by IFM.

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10 I/We confirm that we have accessed the Effective Annual Cost on IFM's website.

Fees and Charges I/We acknowledges that the following fees and charges apply to investments made in the Fund: 1. An Initial Financial Advisor Fee, as specified below, may apply where the Investor has appointed a Financial Services Provider. This fee can be a maximum of 3% of the value of investments made in the Product, excluding VAT, and is negotiated between the Investor and the Financial Services Provider. This fee shall be payable by the Manager on behalf of the Investor to the Financial Services Provider. Initial Financial Advisor Fee % (Maximum of 3% excluding VAT) 2. An Annual Financial Advisor Fee, as specified below, may apply where the Investor has appointed a Financial Services Provider. This fee can be a maximum of 1% per annum of the value of investments held, excluding VAT, and is negotiated between the Investor and the Financial Services Provider. This fee shall be payable by the Manager on behalf of the Investor to the Financial Services Provider. The fee shall be calculated as a percentage of the daily market value of the investments held by the Investor and paid monthly, in accordance with the terms and conditions of this Product. Annual Financial Advisor Fee % (Maximum of 1% excluding VAT) 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). Value added tax shall be charged on a fees and levies where applicable. **Product Terms and Conditions** Specify the version number of the most recent terms and conditions related to this Product Note that without the correct version specified below, this application cannot be processed. **VERSION - IFM - IND** Date (ddmmyyyy) **Authorised Signatory** Print Initials and Surname FINANCIAL ADVISOR DETAILS AND DECLARATION **SECTION 9**

Full name and surname Financial Services Provider (FSP) Name FSP licence number Financial advisor code (with IFM) Contact Number Email address

I/We

- 1. declare that I/we am/are a licensed Financial Service Provider(s) and have made the disclosures required in terms of the Collective Investment Schemes Control Act, 2002, and the Financial Advisory and Intermediary Services Act, No.37 of 2002, and subordinate legislation thereto, to the investor;
- 2. acknowledge and confirm that, in my/our capacity as the primary accountable institution with Itransact Fund Managers (RF)(Pty)Ltd being the secondary accountable institution, I/we have established and verified the identity of the client in accordance with Section 21 of the Financial Intelligence Centre Act, 2001("the Act"), and will keep records of such identification and verification according to the provisions of Section 22 of the Act;

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Signature of Financial Advisor				. Date (ddmmyyyy)												
Print Initials and Surname																

3. warrant that I/we have explained all fees that relate to this investment to the investor and I/we understand and accept that the

investor may withdraw his/her authority for payment to me/us in writing to the fund.

SECTION 10 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

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.

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