



TRANSFER INDIVIDUALS / ENTITY

Boutique Collective Investments (RF) (Pty) Ltd administers the BCI unit trusts. It is authorised to do so as a Manager, in terms of the Collective Investment Schemes Control Act. In this document it will be referred to as "BCI"

IMPORTANT INFORMATION

- 1. This form is to be used by existing investors only.
- 2. Please read the Terms and Conditions that apply to this investment. This is available from your financial adviser, the Client Service Centre or at www.bcis.co.za.
- 3. Please fax required documents to the Client Service Centre at (011) 263 6152, or email instructions@bci-transact.co.za.

Scinwestor Number / Client Account Number Title Sumame / Entity Name (e.g. company or trust) Name of investor / authorised contact person Do r passport number / Registration number Telephone numbers Home Mobile Mobile Mork Signature of transferor Date / / / / / / / / / / / / / / / / / / /	<u> </u>
Title Surname / Entity Name (e.g. company or trust) Name of Investor / authorised contact person Do or passport number / Registration number Telephone numbers Home Mobile Mobile Mobile Motifies Signature of transferor Date // / / / / / / / / / / / / / / / / / /	SECTION 1: CURRENT INVESTOR DETAILS
Surname / Entity Name (e.g. company or trust) Name of Investor / authorised contact person Do r passport number / Registration number Telephone numbers Home Mobile Mobile Molife	BCI Investor Number / Client Account Number
Name of Investor / authorised contact person Do reassport number / Registration number Home Mobile Email address Signature of transferor Date Jordan /	Title
To or passport number / Registration number Home Mobile Email address Signature of transferor Date J J J Mork Date J J J J J J J J	Surname / Entity Name (e.g company or trust)
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Signature of transferor Date / / /	ID or passport number / Registration number
Signature of transferor SECTION 2: INVESTMENT TRANSFER DETAILS Would you like all your units to be transferred:	Telephone numbers Home Work
Signature of transferor Date	Mobile
SECTION 2: INVESTMENT TRANSFER DETAILS Would you like all your units to be transferred: If No, Please indicate how your unit trust portfolio/s should be transferred in the table below: Unit Trust Portfolio Account number Total amounts R Or Units or R Or Units or % R Or Units or % FR Or Units or % FR FR FR FR FR FR FR FR FR	Email address Email address
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Residential / Physical / Registered address	Email address
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Postal Code Postal Code	
	Postal address (if different from above)
Postal Code Postal Code	

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SECTION 4 CORRESPONDENCE METHOD We will send you, or the person acting on your behalf, the following types of correspondence:																																
- Investment statements, tax certificates - Transaction confirmations when you transact on your account																																
† Please select how you would like to receive the above correspondence:																																
+ Instruction Notifications	+ Instruction Notifications Email SMS																															
SECTION 5: BANKING DETAILS																																
Distribution Payments																																
Distributions to be re-invested OR Distributions paid into account as per the 'Investor bank account details below'																																
Account Holder																																
Bank																																
Branch Name																	Br	ranch	cod	е		I					\perp	I	\prod	\prod		
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Debit Order Details																		_									_	_				
Total to be collected R									COI	nme	enci	ng o	n the	9	1	st		01	R 1	5th			0	f			/		\perp	\Box		
Debit orders are applied on the 1st or the 15th of each month. If the selected day falls on a weekend or public holiday it will be effected on the next business day. The cut-off for all debit order notices to be processed in a particular month is by 14:00, five business days before the selected day.																																
SECTION 6: INVESTOR I	DEC	LAR	ATIC	N																												
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CONTACT DETAILS																																
- - Physical Address							Contact us																									
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Bella Rosa Village Bella Rosa Street	Should you have any complaints, please send an email to complaints@bcis.co.za																															
Bellville 7530	ASISU AN ORDINARY MEMBER OF THE ASSOCIATION FOR SAVINGS & INVESTMENT SA																															
Custodian / Trustee										-	15115	V	AN U	אוטא	ANT IV	n ⊑ IVI	DEK	UF IM	r woo	UCIA	IIUN I	rυ	N ⊃AV	nu:	ا ت د	NVE	LJINIE	IVI.	JM			

The Standard Bank of South Africa Limited

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