





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 email required documents to the Client Service Centre at instructions@bci-transact.co.za or fax to (0)86 502 5319.
- 4. The cut-off for instructions is 14:00, Money Market cut-off is 11:30. If received after the cut-off the next business day pricing will app

SECTION 1: CURREN	T INVESTOR DETAILS	S								
BCI Investor Number / Clie	ent Account Number									
Title										
Surname / Entity Name (e.	g company or trust)									
Name of Investor / author	ised contact person									
ID or passport number / Re	egistration number									
Telephone numbers	Home				Wo	rk				
	Mobile									
Email address										
SECTION 2: INVESTM	MENT TRANSFER DE	TAILS								
Would you like all your uni	its to be transferred:	Yes	No							
If No, Please indicate how	your unit trust portfolio	/s should be trans	sferred in	the table below:						
Unit Trust I	Portfolio	Account Number		Total amounts		Units		P	ercen	tage
					or		or			%
					or		or			%
					or		or			%
					or		or			%
					or		or			%
TOTAL										%
may choose to have the everyes" is selected, please support Roll over CGT event for this Signature of transferor	pply a copy of your marr		No	· 	Date		7 / [Y	y	/ Y
0							/ [
Name of signatory										
SECTION 3: INVESTO	R DETAILS TRANSFE	RRING TO								
If transferee is not an existi	_	lder, please compl	ete an ap	olication form and for	ward to ι	ıs with all your FI	CA do	cum	nenta	ition.
BCI Investor Number / Clie Title	ent Account Number									
Surname / Entity Name (e	e.g company or trust)									
Name of Investor / author	ised contact person									
ID or passport number / Re	egistration number									
Telephone numbers	Home				Wo	rk				
	Mobile									
Email address										
Residential / Physical / Re	gistered address									
						Postal	Code	ž		
Postal address (if different	from above)					Postal	Code	5		

Signature of transferee				Date D D	/ M M / Y Y Y Y
Name of signatory					
SECTION 4: BANKING	DETAILS				
Distribution Payments	I DE IAILS				
Distributions to be re-	-invested OR	Distributions paid into accou	nt as ner the 'Inve	estor hank acco	unt details helow'
	mvested on	Distributions para into accou	nt as per the nive	23tor barnt accor	ant actails below
Account holder					
Bank					
Branch name			Branch	code	
Account number					
Account type	Current	Savings	Transmissio	n	
Debit Order Details					
Total to be collected R		commencing on the	1st OR	15th	of MM/YYYY
Debit orders are applied on t	the 1st or the 15th of each	n month. If the selected day falls	on a weekend or	public holiday it	will be effected on the next
		be processed in a particular moi			
SECTION 5: INVESTO	R DECLARATION				
my handwriting or not Where this form is sign I confirm that BCI may I have read, understoo Where signed in the co PRIVACY STATEMENT Boutique Collective Investmently use your personal info	t, are true and correct. ned in a representative of accept instructions from ad and agree to the lates apacity as legal guardian nents (RF)(Pty) Ltd ("BCI' rmation in accordance w	apacity I confirm that I have the application and the point Applicable Laws and the Boundary I constitute I con	ne necessary auth ho has been auth he BCI website w of the minor's pe rotection of your CI Privacy Policy.	nority to do so. norised by me in www.bcis.co.za ersonal details c personal inform It is important t	writing. contained herein. nation seriously, and we will to us that you understand
processing and sharing who over (if applicable) as set op provisions of the Privacy Po	ere applicable of your pe ut in the Privacy Policy. I olicy. If you do not conse	mation. By submitting any per rsonal information and/or that Please do not submit any perso ent to the provisions of the Priv Privacy Policy please click on th	t of your children onal information t acy Policy, or par	or children that to BCI if you do ts thereof, BCI n	t you have legal guardianship not agree to any of the may not be able to provide its
Signature of investor(s) of	or legal guardian			Date D D	/ M M / Y Y Y Y
Name of signatory					
CONTACT DETAILS					
+ Physical Address		+ Contact us			
Boutique Collective Inves	stments	Tel: +27 21 007 1500/1/2			
Catnia Building Bella Rosa Village		Email: clientservices@bcis. Visit our website: www.bci		e@bcis.co.za	
Bella Rosa Street		visit our website. www.ber	3.00.20		
Bellville		Should you have any compl	aints, please send a	ın email to <u>complc</u>	aints@bcis.co.za
7530					
+ Custodian / Trustee The Standard Bank of So.	uth Africa Limited	ASISH AN ORDINAR	Y MEMBER OF THE	ASSOCIATION FO	OR SAVINGS & INVESTMENT SA

Tel: +27 21 441 4100