Prescient





Hedge Fund Static Data Amendment Application Form

HOW TO CHANGE YOUR STATIC DATA

Completing the form

DOWNLOAD AND COMPLETE THE FORM AND AGREE TO THE T&C'S

- 1. Investor Details (Complete in all instances)
- 2. Change of name / surname
- 3. Change of contact details
- 4. Change of banking details
- 5. Debit order (new or amendments)
- 6. Interest and Dividend Distributions
- 7. Regular Monthly Withdrawals
- 8. Change to Financial Advisor Fee
- 9. Change to Financial Advisor







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1. INVESTOR DETAILS		
Client Number		
Names / Entity Name / Co. Regis	tered Name	
ID or Registered Number		
2. CHANGE OF NAME/S	BURNAME	
A copy of your new identity doc applicable.	rument with one specimen signature is required. A copy of the ma	rriage certificate is required, if
Title	Previous name	
Current name		
3. CHANGE OF CONTA	CT DETAILS	
A copy of a utility bill (less than	3 months old) must accompany a change of physical address.	
Physical Address		
		Postal code
Postal Address		
		Postal code
Contact details Tel	ephone (H)	
Tel	ephone (W) Ce	ell
- Fmail		
4. CHANGE OF BANK		
Please supply proof of bank ac	count details	
Name of Account Holder		
Bank		
Branch Name		
Branch Code		
Account Number		
Account Type		

- The account must be a South African bank account.
- Debit orders and electronic collections will be deducted from this account.
- The onus is on the investor to inform Prescient of any changes to the bank account details.
- No payments will be made into third party bank accounts or credit cards. (i.e. payments will only be made to the bank account in the name of the registered investor).







5. NEW AND CHANGE OF DEBIT ORDER

Please note: we must receive this instruction		

NEW DEBIT ORDER

Hedge Fund Name	Effective from	Annual Escalation	Total New Amount

CHANGE DEBIT ORDER Please note this applies to individual funds, if you have more than one fund please specify separately.

Hedge Fund Name	Effective from	Existing Amount	New Amount

CANCEL DEBIT ORDER

Hedge Fund Name	Effective from

BANKING DETAILS FOR DEBIT ORDER DEDUCTION/ELECTRONIC COLLECTION (IF DIFFERENT FROM INVESTOR'S BANK DETAILS):

Name of Account Holder		
Bank		
Branch Name		
Branch Code		
Account Number		
Account Type		
Please note: Proof of ID required for account holder		

Signature of Account Holder







6. INTEREST AND DIVIDENDS DISTRIBUTIONS				
Pay all future distributions into my bank account (these will	be paid into th	e bank account on re	cord)	
Reinvest all future distributions				
If your distribution is below R1 000 it will be automatically re-invested				
7. REGULAR WITHDRAWALS				
New				
Existing				
Your regular withdrawal payment will be processed at the end of You cannot select to receive a regular withdrawal from a Rand d			aid within 5 busines	ss days thereafter.
Payment frequency	Monthly	Quarterly	Biannually	Annually
Hedge Fund Portfolio		Regular Wit	hdrawal Amount	
	R			
	R			
Total	R			
8. CHANGE TO FINANCIAL ADVISOR FEE Please amend the current financial advisor fee structure on this inves	tment to	% initial and	% ongoing	
9. CHANGE TO FINANCIAL ADVISOR				
Please add a new advisor to my investment				
Please amend my existing advisor				
Name of Financial Advisor				
Name of Financial Services Provider (FSP) FSP License Number				
Contact Tel No				
Section to be completed by Financial Advisor.				
I am a new Advisor New Advisors need to complete a Presci	ent Advisor Aç	greement.		
Existing Prescient Advisor code (Entity ID):				

Email address for correspondence:







AUTHORISATION AND DECLARATION

- Prescient Management Company (RF) (Pty) Ltd ("the Manager") will not be held liable for any loss incurred due to incorrect information being supplied by the investor or his/her financial advisor.
- 2. The Manager reserves the right to withhold processing of any unclear, incomplete or ambiguous requests forwarded by the investor.
- 3. This request may only be signed by the investor or by a registered investment manager/discretionary financial service provider acting on behalf of the investor. Where this request is signed on behalf of the investor, the signatory warrants that he/she has authority to do so, that the information contained herein is correct in all respects and he/she indemnifies the Manager against any and all damages and/or loss arising from such event.
- 4. Any references made in this form to a unit trust means a collective investment scheme as defined in the Collective Investment Schemes Control Act, 45 of 2002 ("the Act"). This request is subject to the provisions of the Act.
- 5. The Manager will not be liable for any damages or losses of whatsoever nature arising out of the Manager's failure to action this instruction due to occurrences beyond the control of the Manager.
- 6. The investor indemnifies and holds the Manager harmless against any loss or damage which the investor may suffer as a result of any commission or omission by the Manager, which is a result of an obligation imposed on the Manager by the Financial Intelligence Centre Act, 38 of 2001.
- 7. The Manager will not accept telephonic instructions.

Signed at	Date
Full name of signatory	Capacity
Authorised Signatory	

THANK YOU

You have completed this application form. Please collate all your required FICA documentation to include in your submission.