



**FIRST CAPITAL**  
UNIT TRUST MANAGER  
LIMITED

**INVESTMENT APPLICATION FORM**

<b>A. Personal Details</b> <i>(please complete all fields)</i>																
New investor:	<input type="checkbox"/>	Existing client:	<input type="checkbox"/>	Investor number:												
Surname:								Title:								
First name(s):																
ID number / Passport number <i>(foreign nationals):</i>																
Namibian resident: Yes:	<input type="checkbox"/>	No:	<input type="checkbox"/>	Date of birth:	y	y	y	y	m	m	d	d	Gender: M:	<input type="checkbox"/>	F:	<input type="checkbox"/>
E-mail address:																
Postal address:																
Telephone number: Home:					Business:											
Facsimile number:					Cellphone number:											

<b>B. Acting on Behalf of an Investor</b> <i>(e.g. Guardians/Persons with power of attorney or mandate acting on behalf of disabled or insolvent persons)</i>											
Surname:								Title:			
First name(s):											
ID number / Passport number <i>(foreign nationals):</i>											
Postal address:											
								Code:			
Residential address:											
								Code:			
Telephone number: Home:					Business:						
Facsimile number:					Cellphone number:						

<b>C. Supporting Documentation</b> <i>(Copies of the supporting documentation are sufficient as long as all text and photograph are clear and legible)</i>	
<input type="checkbox"/>	Copy of ID document bearing ID number and clear photograph or birth certificate / passport in case of a minor
<input type="checkbox"/>	Proof of tax number
<input type="checkbox"/>	Proof of residential address <i>(e.g. copy of bank statement, utility bill or telephone account less than three months old)</i>
<input type="checkbox"/>	Guardian contact details <i>(if applicable)</i>
<input type="checkbox"/>	Proof of banking details <i>(e.g. bank statements / bank confirmation letter)</i>

<b>D. Banking Details</b> <i>(Please note that the bank account specified must be in the name of the unitholder / guardian of the unitholder)</i>											
Bank:								Account number:			
Branch:								Branch code:			
Type of account:	Current:	<input type="checkbox"/>	Savings:								
Name of account holder:											

A recent bank statement must accompany this application form as confirmation of proof of bank details. No payments will be made to third parties (i.e. payments will only be made to the bank account in the name of the registered investor). We are unable to facilitate payments to credit cards or market-linked accounts. The administrator executes all payment instructions electronically. No payment will be made by cheque.

### E. Investment Options

I/We hereby apply to invest in First Capital Unit Trust Managers (FCUTM) funds in accordance with the provisions of the relevant Deeds of each fund at the respective fund/s price/s ruling on the date of receipt of the monies by FCUTM, subject to the completed application form having been received and subject to receipt of all the relevant documentation.

<b>First Capital Liquidity Fund</b>		Lump sum investment	Debit order amount	Annual debit order increase
				%
<b>First Capital Equity Fund</b>		Lump sum investment	Debit order amount	Annual debit order increase
				%

### Income distribution

	Reinvest		Deposit in bank account (as per details in section C)
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### Regular Debit Order Authority

I/We the undersigned, request to draw against my/our bank account the debit order investment amount in terms of this application on the 1<sup>st</sup> 7<sup>th</sup> 15<sup>th</sup> 28<sup>th</sup> day of each month for investment at the ruling price on that day commencing on / / . All such withdrawals from my/our account will be treated as though they have been signed by me/us personally, and I/we request the bank to debit my/our account with these drawings. I/We acknowledge that debit order investments are subject to a 14-day clearance period. Please increase my monthly debit order by the percentage indicated above on the anniversary date each year for the duration of the debit order.

Authorised signature \_\_\_\_\_ Date \_\_\_\_\_

### F. Source of Funds

Existing Account:		Sale of Investments:		Bonus:		Savings/bank Account:		Inheritance:		
Salary:		Property Sale:		Transfer from another Financial Services Provider:					Loan:	
Assets of Trust/investment Company:			Other (Specify)							

**Please note that in certain circumstances we may request additional information.** If you are acting on behalf of the investor (eg: legal guardian or person with power of attorney to act on behalf of the investor), please complete Section B of this form and supply the required FICA documentation.

### G. Method of Payment

Electronic/Internet transfer:		
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Electronic / internet transfers may take up to two days to appear on the relevant bank account. Units may only be priced upon confirmed receipt of documentation and monies funds into the relevant Unit Trust bank account.

Regular debit order:		
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Please complete the regular debit order authority section in section E if you select this option.

### H. Communication from FCUTM Investor Services

Please send my transaction statement by:	E-mail:		Post:	
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**I. Instruction by Client**

I/We warrant that the information contained herein is true and correct and that, where this application is signed in a representative capacity, I/we have the necessary authority to do so. I/We understand that this application constitutes the entire agreement between First Capital Unit Trust Managers (FCUTM) and myself/ourselves. I/We hereby consent to FCUTM making enquiries of whatsoever nature for the purpose of verifying the information disclosed and consent to FCUTM obtaining any other information about me/us from any source whatsoever to enable FCUTM to process this application. I/We indemnify FCUTM against any claim resulting from my/our transacting via facsimile and hereby authorize FCUTM to act upon such instructions accordingly unless otherwise instructed in writing. I/We warrant and declare that I/we have read and understood the information disclosed above. FCUTM shall at its discretion have the option to pay or collect any amounts via ACB or EFT, or by direct debit or credit against the bank account as denoted above. I/We authorise FCUTM to pay commission to the investment advisor indicated below.

Authorised signature \_\_\_\_\_ Date \_\_\_\_\_

**J. Financial Advisor Detail and Declaration**

Contact name:		Company:	
Agent account number:		Registration number:	
FSP license number:		Authorised agent signature:	

An "Accountable Institution" includes, but is not limited, to the following list of institutions: a bank, long-term insurer, management company registered in terms of the Unit Trust Control Act, a person who carries on the business of rendering investment advice or investment brokering services including a public accountant who carries on such a business, a member of a stock exchange licensed under the Stock Exchanges Control Act 1985 and a person who has been approved or who falls within a category of persons approved by the Registrar of Stock Exchanges or the Registrar of Financial Markets. If this section is completed by an "Accountable Institution" acting on behalf of the client, the supporting documentation on referred to in Section C need not be submitted to FCUTM, apart from a copy of the ID and proof of bank details. FCUTM may however still request this information where it is deemed necessary.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_ year \_\_\_\_\_

Signature of financial advisor \_\_\_\_\_

**K. Financial Advice Fees** *(Please select an option)*

<input type="checkbox"/>	I acknowledge that I did not receive financial advice from a financial advisor
<input type="checkbox"/>	I hereby confirm that the financial advisor whose details are completed in the "Financial advisor details and declaration" section above is my appointed financial advisor and agree to payment of fees as follows
Initial advice fee:	_____ %

The administrator will pay the initial advice fee to the financial advisor. This authority may be withdrawn by written notice to the Fund.

Signature of investor or authorized representative: \_\_\_\_\_

## L. General information and Conditions

### Capital risk

Unit prices will fluctuate relative to the market value of the securities comprising the funds' portfolios, and can increase or decrease accordingly. Should any guarantees be furnished against price fluctuations, this shall be by a party other than the manager with details and costs clearly defined.

### Redemptions

Units will be repurchased by the administrator at the net asset value calculated in accordance with the requirements of the Unit Trust Control Act and the relevant Trust Deeds and paid to the unitholder within two working days of the written request, unless the disinvestment exceeds 5% of the total fund value in which case the payment date will be negotiated with you. Certificates issued in respect of units repurchased must be cancelled. If the units to be repurchased are subject to a pledge, written consent is necessary for the transaction. Repurchase instructions which include a change in your banking details must be accompanied by a copy of a cancelled cheque or bank statement less than three months old.

### Investor communication

A transaction advice will be sent to you once your investment has been processed. Statements will be issued on a quarterly basis. Our client service consultants are available during business hours on 061 426 500 (Monday to Friday from 08:30 to 16:00).

### Pricing and cut-off times

Forward pricing occurs at 15:00 each business day and at 17:00 on the last business day of each month. Units will be purchased at the ruling net asset value price on the date of your deposit by the administrator. Completed application forms and notification of deposits must be received before 14:00 for the investment to be executed on that day. If received after the applicable cut-off time, your money will be invested at the net asset value price of the next day. The 14:00 cut-off time also applies to redemptions and switches (unless the amount being disinvested exceeds 5% of the total fund value). Please ensure that we receive new or changed debit order instructions at least 10 days before the debit order commencement or cancellation date which you have specified. All purchases are subject to a 14-day clearance period in respect of subsequent redemptions. Distributions on purchases within the 14-day clearance period will be automatically reinvested.

## Bank Account Details

### First Capital Unit Trust Managers

Bank: Standard Bank  
Branch: Ausspannplatz  
Branch Code: 082 672 00  
Account Number: 6000 297 3056

### Physical Address

124, John Meinert Street  
Windhoek West  
Windhoek

### Contact Details

Tel: +264 61 446 700  
Fax: + 264 61 401 353  
E-mail:

### Postal Address

PO Box 4461  
Windhoek  
Namibia