



Work

Postal Code

Postal Code

INVESTOR DETAILS UPDATE FORM 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 <u>instructions@bci-transact.co.za</u> or fax to (0)86 502 5319.
- + Proof of new address if address changed
- + Marriage certificate/divorce decree if surname is to be changed

SECTION 1: CURRENT INVESTOR DETAILS

BCI Investor Number / Client Account Number

TAX Number

Title

Surname / Entity Name (e.g company or trust)

Name of Investor / authorised contact person

ID or passport number / Registration number

Telephone numbers Home

Mobile

Email address

Residential / Physical / Registered address

Postal address (if different from above)

SECTION 2: UPDATE INVESTOR DETAILS

Information completed below will be updated on our system if different from that which we have on record.					
Title					
TAX number					
Surname / Entity (e.g company or trust)	Name				
Name of Investor / authorised contact pe	erson				
Please confirm which contact details you	would like us to update:	Home	Work	Mobile	Email
Telephone numbers	Home		Wor	k	
	Mobile				
Email address					
Please confirm which address you would	like us to update:	Residential	Postal	Both	
Residential / Physical / Registered address					
Postal Code					al Code
Postal address (if different from above)				5	
				Posta	al Code

SE	CTION 3: CORRESPONDENCE CHOICE
In o	rder to view and access the below documents, please register for online access, alternatively email <u>clientservices@bcis.co.za</u> .
+	Investment statements, tax certificates
+	Transaction confirmations when you transact on your account

Online Access (Will enable you to view your statements / correspondence, upload instructions and transact online).

Would you like to transact online?	Yes	No
Would you like viewing access only?	Yes	No

SECTION 4: BANKING / PAYMENT DETAILS

All payments are made electronically to the current, transmission or savings bank account of the registered investor only. No payments will be made to credit card or market-linked accounts. No Third Party bank accounts are permitted.

Debit orders will be collected on the 1st or the 15th of each month.

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.

Would	you like this bank account cha	nge to apply to all	your recurring debit orders:	Yes	No

If No, please indicate the unit portfolio/s to which the changes is to apply in the table below:

Unit Trust Portfolio		Αссοι	unt number				
	or						
	or						
	or						
Bank account details							
Account Holder							
Bank							
Branch Name					Branch	code	
Account Number							
Account Type Current			Savings		Transmiss	ion	
Date for change of bank details to becor	ne ef	fective:	DD/MI	и / Ү Ү	ΥΥ		
Please confirm debit order change:			Increase		Decrease		Cancel
		R					
I	Effect	ive date	DD/MI	Μ / Υ Υ	ΥY		
Do you want to cancel the debit order?		Yes	No)			
Regular Withdrawal Payments							
The cut-off for instructions is 14:00, Mor	ney N	/larket cut-o	ff is 11:30. If rece	eived after th	e cut-off th	ne next b	usiness day pricing will apply.
Payment Frequency	Мо	nthly	Quarterly	Bi-ann	ually	Annua	lly
Regular Withdrawal Payments	1st		15th	25th	Sta	art date	D D / M M / Y Y Y Y
Participatory interests will be redeemed at and in line with the terms and conditions (0				,

Portfolio Name	Account Number	Rand Amount (R)	Units		Ре	rcenta	ge	
				Or				%
				Or				%

TOTAL INVESTMENT AMOUNT

Change Monthly Withdrawal

Account Number		Rand Amount (R)	to Rand Amount (R)
Do you want to cancel the monthly wi	thdrawal?	Yes	No

Would you like this bank account change to apply to **all** your recurring withdrawal and income distribution payment instructions: If No, please indicate the unit portfolio/s and transaction type to which the changes is to apply in the table below: **Yes**

INO

Unit Trust Portfolio Name	Account Number	Recurri	ng withdra	val 🗸	Incom	e distributio	on 🗸
		Yes	No		Yes	No	
		Yes	No		Yes	No	
		Yes	No		Yes	No	
Territoria de la constante de			·	I	4		·

Please indicate how we should administer the income distributed from your unit trust portfolio/s in future.

Unit Trust Portfolio Name	Account Number	Payout √	OR	Reinvest 🗸	
		Payout		Reinvest	
		Payout		Reinvest	
		Payout		Reinvest	

Declaration

- + I confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.
- + I have read, understood and agree to the Terms and Conditions.

Signature of investor(s) or legal guardian	Date DD / MM / YYY
CONTACT DETAILS	
 Physical Address Boutique Collective Investments Catnia Building Bella Rosa Village Bella Rosa Street 	 Contact us Tel: +27 21 007 1500/1/2 +27 21 914 1880 (0)87 057 0571 f: (0)86 502 5319 Email: clientservices@bcis.co.za compliance@bcis.co.za Visit our website: www.bcis.co.za
Bellville 7530 + Custodian / Trustee	Should you have any complaints, please send an email to <u>complaints@bcis.co.za</u>

The Standard Bank of South Africa Limited Tel: +27 (0)21 441 4100