

NOVARE UNIT TRUST ADDITIONAL INVESTMENT FORM

Novare CIS (RF) (Pty) Ltd | Registration Number: 2013/191159/07 | SARS Registration Number: 9649/248/16/9

NOVARE[®]

CIS

- All sections must be completed in full
- Indicate all options by means of a cross [X]
- Initial any amendments made to the application form
- Ensure that all information provided is accurate and true
- No instruction will be processed unless all requirements have been met
- **The daily cut-off for receipt of instructions is 14h00.**

- Completed forms are to be faxed to us on **0860 668 273 (0860 novare)** or e-mailed to **transact@novare.com**
- Should you have any queries regarding this application, please contact Novare CIS (RF) (Pty) Ltd ("Novare") on **0800 668 273 (0800 novare)** or e-mail **clientservice@novare.com**

(A) INVESTOR DETAILS

Investor number:	<input type="text"/>														
Title:	<input type="text"/>	Surname:	<input type="text"/>												
First name(s):	<input type="text"/>														
ID/Passport/Trust/ Registration number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender:	<input type="text" value="M"/>	<input type="text" value="F"/>
Postal address:	<input type="text"/>														
	<input type="text"/>										Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address:	<input type="text"/>														
	<input type="text"/>										Code:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Home Telephone:	(code)	<input type="text"/>										Work Telephone:	(code)	<input type="text"/>	
Cell Number:	(code)	<input type="text"/>										Fax:	(code)	<input type="text"/>	
E-mail address:	<input type="text"/>														

Domestic Prominent Influential Person (DPIP) or Foreign Prominent Public Official (FPPO)

In terms of Financial Intelligence Centre Act (FICA), Novare is an accountable institution and is required to establish the risk profile of its clients. This includes determining whether a client is a **Domestic Prominent Influential Person (DPIP)** or **Foreign Prominent Public Official (FPPO)**.

A **DPIP** is a term that describes an individual who holds, including in an acting position for a period exceeding 6 (six) months, or has held at any time in the preceding 12 (twelve) months, in the Republic a prominent public function

A **FPPO** is a term that describes an individual who holds, or has held at any time in the preceding 12 (twelve) months, in any foreign country a prominent public function

I consider myself to be, or to be associated with a **DPIP** or **FPPO**?

If yes, please
provide details:

SOURCE OF FUNDS (COMPULSORY):

Source of income (Non Individual):

Please specify where the money used to fund this investment originates from

Company profits Sale of shares Investment Corporate Dividends

Other (specify)

Source of income (Individual):

Please specify from where you earn your income

Salary Inheritance Bonus Pension or Provident lump sum Savings

Other (specify)

Source of funds for this investment (compulsory):

Please advise from where the funds for this investment originate

Salary Inheritance Bonus Pension or Provident lump sum Savings

Other (specify)

Do these funds originate from a Novare policy?

Y N

If "Yes", supply the policy number:

If you are a non-resident, you may qualify for an exemption or reduced tax rate for South African dividends withholdings tax. Should this be applicable to you, please obtain the relevant exemption or reduced rate forms from our Client Service Centre.

(B) METHOD OF PAYMENT

Electronic/ internet transfer Electronic internet transfers may take up to 2 days to appear in our bank account. Units may only be priced upon confirmed receipt of documentation and funds into the relevant Unit Trust bank account. Please insert the investor's initials and surname in the reference section on the proof of deposit/transfer in order to assist the Administrator with processing the application.

Electronic collection by Novare* Funds are deducted from the investor's bank account 1 business day after the receipt of a valid and complete application form and supporting documentation. Electronic collection is restricted to a maximum of R1 000 000 per debit. Please complete the bank account details in the Bank Details section if you select this option.

Regular debit order* Please complete the Debit Order Authority (**Section C**) if you select this option.

To make an additional contribution, please deposit funds into the Novare CIS inflow/outflow bank account, as provided with the first time investor application form. Should you require the banking details again, please contact clientservice@novare.com.

* For electronic collections and regular debit orders

Novare's Abbreviated Name as registered with the bank: NOVARE CIS

The sum of such payment instructions will never exceed my/our obligations as agreed to in this application form.

Regular debit order withdrawals from my/our account will commence on the date indicated below and will continue until this authority is terminated by me/ us in writing of not less than 20 ordinary business days, and faxed to Novare on **0860 668 273 (0860 novare)** or e-mailed to **transact@novare.com**.

In the event that the payment day falls on a weekend, or a recognised South African public holiday, the payment day will automatically be the very next ordinary business day.

I/We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks. I/We also understand that details of each withdrawal will be printed on my bank statement and will include "NOVARE CIS" together with my/our investor number. My/ Our investor number is reflected on the Welcome Letter and all further transaction and monthly statements received from Novare.

Cancellation

I/We agree that although this authority may be cancelled by me/us, such cancellation will not cancel my investments in the Novare CIS scheme. I/We shall not be entitled to any refund of amounts which Novare has withdrawn while this authority was in force, if such amounts were legally owing to Novare.

Assignment

I/We acknowledge that this authority may be ceded or assigned to a third party if the investments in the Novare CIS scheme is also ceded or assigned to that third party, but in the absence of such assignment of the investments in the Novare CIS scheme, this authority cannot be assigned to any third party.

(B) METHOD OF PAYMENT (continued)

COLLECTION BY THE ADMINISTRATOR (Please indicate which bank details are to be used)

The existing bank details on record
 OR
 New bank details as specified below

Bank: Account number:

Branch: Branch code:

Type of account: Current Transmission Savings

Name of account holder:

A cancelled cheque or a certified copy of bank statement (less than 3 months old) must accompany this application form as confirmation of proof of bank details.

REGULAR DEBIT ORDER AUTHORITY

I/We the undersigned, authorise Novare CIS (RF)(Pty) Ltd to draw against my/our bank account the debit order investment amounts in terms of this application I acknowledge that the transaction will take place on the 1st day of each month for the investment at the ruling price on that day. 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 starting

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 in **Section B – Investment Options** on the anniversary date each year for the duration of the debit order.

Authorised signature

Date

(C) INVESTMENT OPTIONS

I/We hereby apply to invest in the Novare CIS scheme in accordance with the provisions of the relevant Deed of each fund at the re-spective fund/s price/s ruling on the date of receipt of the monies by Novare, subject to receipt of a duly completed Application Form, proof of deposit and all relevant supporting documentation.

	Fee class	Lump sum investment (min. R5 000)	Debit order (min. R500 p.m.)	Annual debit order increase	Income distribution	
					Reinvest	Paid out
SA MULTI ASSET INCOME						
<i>Novare Capital Preserver Fund of Funds</i>						
SA MULTI ASSET MEDIUM EQUITY						
<i>Novare Balanced Fund</i>						
WORLD WIDE ASSET ALLOCATION FLEXIBLE						
<i>Novare Worldwide Flexible Fund of Funds</i>						

(D) FINANCIAL ADVISOR DETAIL AND DECLARATION

Contact name: FSP name:
Financial advisor account number: Registration number:
FSP license number:

I/We

- declare that I/we am/are a licensed Financial Service Provider(s) and have made the disclosures required in terms of the Collective Investment Schemes Control Act, 2002, and the Financial Advisory and Intermediary Services Act, No. 37 of 2002, and subordinate legislation thereto, to the investor.
- acknowledge and confirm that, in my/our capacity as the primary accountable institution with Novare being the secondary accountable institution, I/ we have established and verified the identity of the client in accordance with Section 21 of the Financial Intelligence Centre Act, 2001 ("the Act"), and will keep records of such identification and verification according to the provisions of Section 22 of the Act.
- warrant that I/we have explained all fees that relate to this investment to the investor and I/we understand and accept that the investor may withdraw his/her authority for payment to me/us in writing to the fund.

Signed at: on

Signature of financial advisor

(E) FINANCIAL ADVICE FEES

(Please select an option)

- I acknowledge that I did not receive financial advice from either Novare or a financial advisor; OR
- 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: . % (Negotiable to maximum 3% exclusive of VAT. Applied to each contribution and deducted before investment is made).

Ongoing advice fee: . % per annum of the market value of the investment portfolio, charged by way of unit reduction and paid to the Financial Advisor monthly in arrears (Negotiable to maximum 1% exclusive of VAT. If initial advice fee of greater than 1.5% is selected, then the maximum annual advice fee is 0.5%). This annual advice fee is not part of the normal annual management fee charged by the relevant Fund/s.

This authority may be withdrawn by written notice to Novare.

Authorised signature

Date

(F) DECLARATION BY INVESTOR

I/We understand and agree to be bound by the provisions of this application form. If on the date of signature of this application form an updated application form exists and the fees are different on that form, the fees on the updated application form will apply.

I/We understand and/or confirm that:

The information contained herein is correct, and that if this application form is signed in a representative capacity, I/we have the necessary authority to do so and that this transaction is within my/our powers.

I/We am/are acting for my/our own account and that I/we have made my/our decisions to enter into the investment and as to whether the investment is appropriate for me/us independently based upon my/our own judgement, and upon advice from such advisors as I/we may deem necessary. I/We declare that I am/we are not relying on any communication from Novare, whether written, oral or implied as investment advice or as a recommendation to enter into the investment. I/We understand that information and explanations relating to the terms of an investment shall not be considered investment advice or a recommendation to enter into the investment.

Novare will only be able to process investments on receipts of funds into the appropriate bank account, proof of deposit, and all relevant supporting documentation.

I/We declare, under any applicable penalties of perjury, that the information provided in this form and in any document accompanying this form is, to the best of my knowledge and belief, accurate and complete.

I/We undertake to advise Novare and provide an updated Self-Certification Form promptly (and in any event within 30 days) where any change in circumstances occurs which causes any of the information contained in this form to be incorrect or incomplete.

I/We consent to the sharing of this information with other members of the Novare Group for the purposes of any applicable EOI Rules, anti-money laundering or other reasonable information processing purposes, except where this is restricted by law.

I/We consent to my/our personal information being collected, used, shared or disclosed by Novare in the manner set out in the Novare Unit Trust General Information and Conditions.

Where Novare reasonably believes it is obliged to do so, I/we understand that the recipient will disclose this information to the relevant tax authorities.

Novare will not be responsible for any failure, malfunction or delay of any networks, electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of applications and/or transactions. Novare will not be liable to make good or compensate any investor or third party for any damages, losses, claims or expenses resulting there from.

I/we understand the Novare Fee Schedule which details the unit trust funds and fee information and agree to the General Information and Conditions. (This document can be requested from the Client Service Centre on **0800 668 273 (0800 novare)**).

Novare accepts that the information herein provided by the investor is true and correct, and accepts no liability for any false and/or inaccurate information provided.

Name(s):

Nature of Authority Capacity:

Authorised signature

Date

Novare CIS (RF) (Pty) Ltd

3rd Floor, The Cliffs Office Block 1, Niagara Way,
Tyger Falls, Carl Cronje Drive, Bellville, 7530
PO Box 4742, Tygervalley, 7536
Tel: 0800 668 273 (0800 novare) Fax: 0860 668 273 (0860 novare)
Website: www.novarecis.co.za E-mail: clientservice@novare.com

Novare CIS (RF) (Pty) Limited is a registered Manager in terms of the Collective Investment Schemes Control Act (Act 45 of 2002)

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