

RETAIL FUND OF HEDGE FUNDS ADDRESS DECLARATION FORM

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

NOVARE[®]
c i s

- All sections must be completed in full
- Select applicable boxes with a cross [X]
- Initial any amendments made to the form
- Ensure all information provided is accurate and true
- Your instruction will be processed once all requirements have been met and supporting documentation has been provided
- Investment applications are processed on a monthly basis. Your application form must be submitted to Novare CIS before 14h00, 2 business days prior to the end of the month and your proof of payment must be submitted before 14h00 on the last business day of the month.

Your application will be processed on the 1st of the following month

- Redemptions are processed at the end of each month and we require a month's notice. In order to receive month end prices, your redemption instruction must have been submitted to Novare CIS before 14h00 on the last business day of the preceding month
- Completed forms are to be faxed to **087 150 1551** or e-mailed to **hedgetransact@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**

Please note: This form is to be completed if you do not have a utility bill in your own name.

A INVESTOR DETAILS

Existing investor number (if applicable): _____

Title: _____ Surname: _____

Full name/entity name: _____

ID/Passport/Trust/Registration number: _____

Telephone number: _____ Fax number: _____

Cellphone number: _____ E-mail address: _____

B INVESTOR DECLARATION OF RESIDENTIAL ADDRESS

I declare that I reside at the following address:

Residential address: _____

_____ Code: _____

Reason for not being able to provide proof of address (such as a bank statement or utility bill less than 3 months old):

Signature of investor: _____ Date: _____

C DECLARATION BY THE PERSON WHOM THE INVESTOR SHARES AN ADDRESS

Surname: _____

Title: _____ First name(s): _____

ID/passport number: _____

Telephone (home): _____ Telephone (work): _____

I am the owner of the property at the address mentioned in Section B Yes No

I reside at the address mentioned in Section B Yes No

I have been sharing this address with the investor for _____ years and _____ months

My relationship to the investor (e.g. spouse, tenant): _____

I declare that the information listed above is correct. I grant the investor consent to provide Novare with certified copies of the following supporting documents:

My ID document or valid passport bearing a clear photograph and ID/passport number

Proof of residential address reflecting our street address in my name
(e.g. utility bill or telephone account less than three months old)

Signature of person sharing with investor: _____ Date _____

Novare CIS (RF) (Pty) Ltd
3rd Floor, The Cliffs Office Block 1, Niagara Way,
Tyger Falls, Carl Cronje Drive, Bellville, 7530
P O Box 4742, Tygervalley, 7536
Tel: 0800 668 273 (0800 novare) Fax: 087 150 1551
Website: www.novare.com E-mail: clientservice@novare.com

NOVARE[®]
c i s