

**RETAIL FUND OF HEDGE FUNDS
DIVIDEND TAX FORM
Declaration and Undertaking for Reduced Rate of Tax**

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

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- 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
- 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 us on **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**

A BENEFICIAL OWNER DETAILS

Investor number: _____

Full names and surname / registered name: _____

Nature of person / entity:

- Individual Trust (any type)
- Listed company RSA Government, provincial administration, municipalities
- Unlisted company Retirement fund (pension, provident, benefit, RA etc.)

Other (please provide a description/explanation of nature of the entity/person): _____

South African resident Non-resident

Country of residence: _____ Country where tax is payable: _____

Identity / registration number: _____ South African income tax reference number: _____

Passport number: _____ Country of issue: _____

B REASON FOR EXEMPTION

Please indicate the reason why the beneficial owner is exempt from the dividends tax:

- (a) - a company which is resident in South Africa
- (b) - the Government, provincial government or municipality (of the Republic of South Africa)
- (c) - a public benefit organisation (approved by SARS ito section 30(3) of the Act)
- (d) - a trust contemplated in section 37A of the Act (mining rehabilitation trusts)
- (e) - an institution, body, or board contemplated in section 10(1)(cA) of the Act
- (f) - a fund contemplated in section 10(1)(d)(i) or (ii) of the Act (pension fund, pension preservation fund, provident fund, provident preservation fund, retirement annuity fund, beneficiary fund or benefit fund)
- (g) - a person contemplated in section 10(1)(t) of the Act (CSIR, SANRAL etc.)
- (j) - a person who is not a resident and the dividend is a dividend contemplated in paragraph (b) of the definition of "dividend" in section 64D (i.e. a dividend on a foreign company's shares listed in SA, such as dual-listed shares)

C DECLARATION AND UNDERTAKING

Declaration in terms of sections 64FA(1)(a)(i), 64G(2)(a)(aa) or 64H(2)(a)(aa) of the Act:

I _____ (full names in print please), the undersigned hereby declare that dividends paid to the investor is exempt, or would have been exempt had it not been a distribution of an asset in specie, from the dividends tax in terms of the paragraph of section 64F of the Act indicated above.

Undertaking in terms of sections 64FA(1)(a)(ii), 64G(2)(a)(bb) or 64H(2)(a)(bb) of the Act:

I _____ (full names in print please), the undersigned undertake to forthwith inform Novare CIS (RF) (Pty) Ltd in writing should the circumstances of the investor referred to in the declaration above change.

Signature of investor/authorised signatory: _____

Capacity of signatory (if not the investor): _____ Date: _____

D DIVIDEND TAX REFUND

To be completed if you qualify for a refund.

Effective refund date: _____

Your refund will be processed with the next income distribution of the relevant fund.

Signature of investor/authorised signatory: _____ Date: _____

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