

RETAIL FUND OF HEDGE FUNDS FINANCIAL ADVISOR FORM

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
- 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 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, please contact Novare CIS (RF) (Pty) Ltd ("Novare") on **0800 668 273 (0800 novare)** or e-mail **clientservice@novare.com**

A CORPORATE INFORMATION

Registered name of FSP: _____

Trading name:(if applicable) _____

Type of entity: Sole Proprietor/Natural Person Pty (Ltd) Partnership Close Corporation Public Company

Other (specify): _____

Number of years established: _____

Registration number: _____ Income tax number: _____

Tax status: Individual Corporate Non-taxable organisation

VAT number: _____ FSP license number: _____

Physical address: _____

Postal address: _____

Telephone number: _____ Fax Number: _____

Cell number: _____

Email address: _____ Website address: _____

Contracts with other Unit Trusts/Life Companies/LISP's:

Has any other Manager ever refused to give you a Financial Advisor Agreement? If yes, please specify: _____

Has any other Manager ever cancelled a Financial Advisor Agreement with you? If yes, please specify: _____

B LIST OF REPRESENTATIVES AND KEY INDIVIDUALS OF THE FSP

Title: _____ Surname: _____

First name(s): _____

ID or passport number (if foreign national): _____ *Please attach a certified copy of your ID*

FSP license number: _____

Email address: _____

Title: _____ Surname: _____

First name(s): _____

ID or passport number (if foreign national): _____ *Please attach a certified copy of your ID*

FSP license number: _____

Email address: _____

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Email address: _____

Title: _____ Surname: _____

First name(s): _____

ID or passport number (if foreign national): _____ *Please attach a certified copy of your ID*

FSP license number: _____

Email address: _____

If there are additional advisors, these should be provided on an extra page.

Has the Financial Advisor or any of his representatives been debarred?

If yes please specify: _____

C INFORMATION REQUIREMENTS AND SUPPORTING DOCUMENTATION

(Certified copies of the supporting documentation is sufficient as long as all text and photographs are clear and legible)

Please note that the following information should be supplied in order to proceed with this application.

1. A resolution completed in full and signed by the Board authorising the representative of the FSP to sign on behalf of FSP.
2. FSB Certificate and annexure detailing the conditions and restrictions.
3. Copy of discretionary client mandate.

FICA Documents

INDIVIDUAL

- Certified copy of ID;
- Certified copy of proof of banking details (on bank letterhead, no internet statements accepted);
- Certified copy of proof of physical address (not older than three months);
- Certified copy of proof of tax number on SARS letterhead.

TRUST

- Certified copy of the Trust Deed;
- Certified copy of the Letter of Authority from the Master;
- Relevant resolutions authorising: the investment, authorised signatory to sign on behalf of the Trust, etc.

IDENTITY DOCUMENTS:

- Certified copy of ID for each authorised representative;
- Certified copy of ID of each Trustee;
- Certified copy of ID of each Beneficiary named in the Trust Deed;
- Certified copy of ID of Founder of the Trust (if deceased a Death certificate is required).

PHYSICAL ADDRESS:

- Certified copy of proof of physical address each authorised representative;
- Certified copy of proof of physical address of each Beneficiary named in the Trust Deed;
- Certified copy of proof of physical address of the authorised person;
- Certified copy of proof of physical address of Founder of the Trust (unless if deceased).

TAX:

- Certified copy of proof of the Trust's income tax registration number (SARS letterhead).

BANK DETAILS:

- Certified copy of proof of Trust's bank details.

COMPANY

- Certified copy of the certificate of incorporation (CM1/COR14.1) containing Registrars stamp;
- Certified copy of the name change (CM9/COR15.2);
- Certified copy of list of directors (CM29/COR39);
- Certified copy of registered address (CM22/COR21).

IDENTITY DOCUMENTS:

- Certified copies of the ID documents of each of the directors;
- Certified copy of ID of the authorised signatory.

RESOLUTION:

- Resolution authorizing a signatory to act on behalf of the company.

BANK DETAILS:

- Certified copy of proof of company's banking details (less than 3 months old).

PROOF OF ADDRESS:

- Certified copy of a utility bill in the name of the company, with physical address detail (less than 3 months old).

TAX:

- Certified copy of proof of tax number (SARS letterhead).

OTHER:

- Detail of person/entity holding more than 25% of the voting rights at a general meeting.

DETAILS OF OWNER(s):

Shareholdings

If the FSP is a Company, provide details of shareholders

Full Names	% Shareholdings

Personal information of Directors/Partners/Shareholders/Sole Owner in Enterprise.

1. Title: _____ Initials: _____ Surname: _____

First name(s): _____

Physical address: _____

_____ Postal code: _____

Postal address: _____

_____ Postal code: _____

Gender: Male Female

Educational qualifications: _____

2. Title: _____ Initials: _____ Surname: _____

First name(s): _____

Physical address: _____

_____ Postal code: _____

Postal address: _____

_____ Postal code: _____

Gender: Male Female

Educational qualifications: _____

3. Title: _____ Initials: _____ Surname: _____

First name(s): _____

Physical address: _____

_____ Postal code: _____

Postal address: _____

_____ Postal code: _____

Gender: Male Female

Educational qualifications: _____

D DETAILS OF COMPLIANCE OFFICER

Full name of Compliance Officer: _____

Physical address: _____

_____ Postal code: _____

Postal address: _____

_____ Postal code: _____

Telephone Numbers:

Home: _____ Fax: _____

Work: _____ Email: _____

Cellular: _____

E PRODUCT SELECTION

Retail Investor Hedge Funds

F BANK ACCOUNT DETAILS OF FSP

These banking details will be used to pay any amounts due to the FSP.

Name of bank: _____ Account number: _____

Branch name: _____ Branch code: _____

Type of account: Current Transmission Savings

Name of account holder: _____

Signature of investor/authorised person: _____

Name of authorised person: _____

Capacity of authorised person: _____

G DECLARATION

I/We hereby consent, where this is applicable to me/us as registered VAT vendor(s), to the use by Novare of self-invoicing, and confirm that I/we will not issue tax invoices, debit notes or credit notes in respect of the fees payable to me/us by Novare.

I/We warrant the above information to be correct. Novare shall not be liable for any loss or damage suffered on account of incorrect information provided by me/us or as a result of a change in my/our information or my/our misrepresentation or my/our involvement in any fraudulent act.

I/We undertake to advise Novare in writing should any of the details completed herein change subsequent to signature hereof by me/us.

I/We further acknowledge that this Application Form, together with the Financial Advisor Agreement, form the basis on which Novare appoints me/us, and I/we agree to be bound by the said Agreement.

I/We accept that Novare may authorise my/our identity via a credit bureau.

I/We accept that Novare reserves the right to not appoint me/us as financial advisor for whatever reason.

I/We acknowledge and accept that the Agreement will only be concluded when an authorised representative of Novare has signed this Financial Advisor Form and I/we have received confirmation in writing from Novare that the Agreement has been concluded.

Date: _____ Place: _____

Name: _____ Capacity: _____

H FAX AND E-MAIL INDEMNITY

I, the undersigned, authorize Novare to accept instructions by facsimile or e-mail and hereby waive any claim that I may have against Novare and indemnify Novare against any loss incurred as a result of Novare receiving and/or acting upon such communication.

Novare will not be held responsible for any failure, malfunction or delay of any networks or electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of application form and/or transaction. Novare will not be liable to make good or compensate any investor or third party for any damages (whether direct or consequential), losses, claims or expenses resulting there from. The investor or any third party indemnifies Novare accordingly.

FSP name: _____

FSP code: _____

Authorised signatory(ies):

1. Full name: _____

Capacity: _____

2. Full name: _____

Capacity: _____

3. Full name: _____

Capacity: _____

4. Full name: _____

Capacity: _____

5. Full name: _____

Capacity: _____

6. Full name: _____

Capacity: _____

7. Full name: _____

Capacity: _____

8. Full name: _____

Capacity: _____

Novare CIS (RF) (Pty) Ltd

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Website: www.novare.com E-mail: clientservice@novare.com

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