

FUND OF HEDGE FUNDS NEW SUB BROKER 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
- 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**

A FINANCIAL ADVISOR PERSONAL DETAIL

Full names: _____

Surname: _____

Title: _____ Date of birth: _____

Identity number: _____

Physical address: _____

_____ Postal code: _____

Postal address: _____

_____ Postal code: _____

Telephone Numbers:

Home: _____ Work: _____

Cellular phone: _____ Fax number: _____

Email: _____

Signature on behalf of FSP

Signature on behalf of financial advisor

Date: _____

Financial advisor: _____

Documentation required:

- Certified copy of ID
- Certified copy of proof of address (less than 3 months old)

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