

NOVARE INVESTOR HEDGE FUNDS NOTICE OF CESSION FORM

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

NOVARE[®]
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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

hedgefransact@novare.com

- We collect and process your personal information to enter into an agreement with you and comply with legislation. Please refer to the Novare Hedge Funds General Information and Conditions Document for details. You can also view our Privacy Notice on **www.novarecis.co.za**
- Should you have any queries, please contact Novare CIS (RF)(Pty) Ltd ("Novare") on **0800 668 273 (0800 novare)** or e-mail to **clientservice@novare.com**

(A) DETAILS OF CEDENT (Investor)

Entity number:	<input type="text"/>														
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"/>
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"/>														

DECLARATION BY CEDENT

1. The Cedent is the unitholder under the Investment number issued by Novare CIS (RF) (Pty) Ltd "Novare".
2. The Cedent hereby notifies Novare of the agreement of cession concluded with the Cessionary in terms of which the Cedent agreed to cede to the Cessionary his / her / their right, title and interest in and to the said policy. (Please attach a copy of the Agreement of Cession).
3. The Cedent accordingly requests Novare to record the Agreement of Cession against this investment.

Signed at: on

Authorised signature*

* Please forward proof of authorisation.

(B) INVESTMENT OPTIONS

Please select the option to cede:

RETAIL INVESTOR FUNDS	Fee class	Specific Number of Units	Units to the Value of
Novare Growth Retail Hedge Fund			R
QUALIFIED INVESTOR FUNDS			
Novare Long/Short 6 Qualified Hedge Fund			R
Novare Mayibentsha Moderate Qualified FoHF			R
Novare Mayibentsha Market Neutral Qualified FoHF			R
Novare Mayibentsha Focussed Qualified FoHF			R

(C) DETAILS OF CESSIONARY

Entity number:

Investor number:

Title: Surname:

First name(s):

ID/Passport/Trust/
Registration number: Gender: M F

Home Telephone: (code) Work Telephone: (code)

Cell Number: (code) Fax: (code)

E-mail address:

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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