

# NOVARE UNIT TRUST NOTICE OF CESSION 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
- 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

- **The daily cut-off for receipt of instructions is 14h00.**
- Completed forms are to be faxed to us on **0860 668 273 (0860 novare)** or e-mailed to **transact@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) 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) FUND SELECTION

Please select the option to cede

	Fee class	Specify number of units	Units to the value of
<b>SA MULTI ASSET INCOME</b>			
<i>Novare Capital Preserver Fund of Funds</i>			R
<b>SA MULTI ASSET MEDIUM EQUITY</b>			
<i>Novare Balanced Fund</i>			R
<b>SA MULTI ASSET FLEXIBLE</b>			
<i>Novare Flexible Fund</i>			R
<b>WORLD WIDE ASSET ALLOCATION FLEXIBLE</b>			
<i>Novare Worldwide Flexible Fund</i>			R
<i>Novare Worldwide Flexible Fund of Funds</i>			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:

Signature of cessionary

Date

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

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Novare CIS (RF) (Pty) Limited is a registered Manager in terms of the Collective Investment Schemes Control Act (Act 45 of 2002)

Updated version: January 2018