

NOVARE HEDGE FUNDS TRANSFER OF OWNERSHIP 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
- **Please note that this transaction may attract Capital Gains Tax and we therefore suggest you consult a tax advisor**
- Completed forms are to be faxed to **087 150 1551** or e-mailed to **hedgetransact@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 **clientservice@novare.com**

(A) TRANSFEROR (for completion by current investor)

Existing investor number:

Title: Surname:

First name(s):

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

I/We hereby declare that I/we wish to cede, assign and/or transfer all my rights, obligations and ownership of:

- Units to the value of R
- No. of units
- All units

in the Novare Fund, to the Transferee below.

Debit order instructions (if applicable): Transfer Cancel Continue in my name

(B) TRANSFEREE (for completion by recipient of units)

I/We do hereby agree to accept the said units, subject to the provisions of the Deed

Existing investor: Y N

If yes, please provide existing investor number:

If no, please complete an Investment Application Form and attach the supporting documentation required.

Title: Surname:

First name(s):

ID or Passport number: (if foreign national)

Postal address:
 Code:

Residential address:
 Code:

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

Cell Number: (code) Fax: (code)

E-mail address:

(C) INCOME PAYMENT INSTRUCTIONS

Income to be: Reinvested Deposited into my bank account (details below)

Bank: Account number:

Branch: Branch code:

Type of account: Current Transmission Savings

Name of account holder:

(D) FACSIMILE INSTRUCTIONS

I/We authorise Novare to accept this instruction via facsimile. We confirm that in authorising Novare to accept an instruction via facsimile, we waive any right to claim that we may have and indemnify Novare against any loss incurred as a result of Novare receiving and/or acting upon the facsimile instruction.

(E) DECLARATION BY QUALIFIED INVESTOR

TO BE COMPLETED WHEN INVESTING IN QUALIFIED INVESTOR FUNDS

A Qualified Investor, as defined by Board Notice 52 of 2015 is: any person who invests a minimum investment amount of R1 million per hedge fund and who –

- (a) has demonstrable knowledge and experience in financial and business matters which would enable the investor to assess the merits and risks of a hedge fund; or
- (b) has appointed a Financial Services Provider (FSP) who has demonstrable knowledge and experience to advise the investor regarding the merits and risks of a hedge fund investment.

Please tick appropriate boxes below:

- I confirm that the minimum investment amount will be R1 000 000 or above.
- I confirm that I have the required knowledge and experience in financial and business matters to choose this investment. I further confirm that I have read and understood the nature of a Qualified Investor Hedge Fund, including risk warnings.

OR

- I hereby confirm that my knowledge is limited and that my financial advisor has been appointed to provide me with the necessary advice to take this investment. My financial advisor has been appointed to provide me with the necessary advice to take this investment. My financial advisor has explained this investment to me and I confirm that I understand the nature of a Qualified Investor Hedge Fund, including risk warnings.

Authorised signature

Date

(F) AUTHORISATION/DECLARATION

I/We, the undersigned Transferor, hereby give notice in terms of the Deed of my/our application to transfer ownership of the relevant units and in consideration of the purchase price to be paid to me/us for the said units, hereby cede, assign and transfer all my/our rights, title and interest in and to the said units to the Transferee, who accepts such cession, assignment and transfer.

I/We further acknowledge that by transferring ownership, I/We will not be entitled to the benefits to the said units.

I/We warrant that I/we have power and authority to enter into and conclude this transaction.

Signature of transferor:
(or duly authorised representative)

Date

Signature of transferee:
(or duly authorised representative)

Date

Novare CIS (RF) (Pty) Ltd

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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)

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