

**Investment Application for Individuals**

**STEP 1: Understanding your investment**

Before you invest:

- Read the applicable **Product Information Document, Minimum Disclosure Document(s) (MDDs)** and **Portfolio Supplement(s)** thus ensuring that you understand the benefits and terms of your investment. These documents are available on the website or from your financial advisor.
- Effective Annual Cost (EAC), is a measure which has been introduced to allow you to compare the costs that you incur when you invest in different financial products, and the impact it has on investment returns. It places you in a position to make informed decisions around retail savings and investment product choices. The EAC calculator and further information is available on the website or from your financial advisor.
- It is important to note that because the Administrator does not provide financial advice, you are able to appoint an approved and licensed Financial Advisor (provided they have a contract with us), should you require guidance with your Portfolio selection.

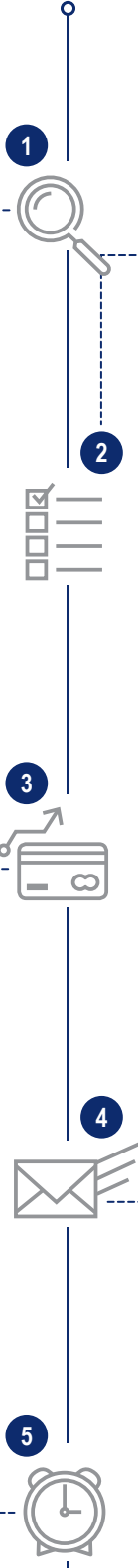
**STEP 3: Process payment**

Please transfer your initial investment contribution into the below trust account:

<b>Account Name:</b>	Prime CIS Inflow
<b>Account Type:</b>	Current
<b>Bank:</b>	RMB
<b>Branch:</b>	Johannesburg
<b>Branch Number:</b>	255005
<b>Account Number:</b>	62802516768
<b>Reference Code:</b>	Investor ID No./Passport No.

**STEP 5: Look forward to your Investment Confirmation**

- Please take note of the processing timelines pertaining to your investment instruction/s as set out in the **Product Information Document** and the **Portfolio Supplement(s)** related to your chosen Portfolio.
- Please also be aware that we will only be able to process your investment once all related investment documents have been received and your investment reflects in the trust bank account
- You will receive a confirmation from us once we have received a complete set of investment documentation, as well as an investment confirmation once your contribution has been invested.



**STEP 2: Complete your application**

Please complete all fields to avoid delays in processing your investment.

**STEP 4: Send us your documents**

Email: [clientservices@corion.co.za](mailto:clientservices@corion.co.za)  
 or contact us on +27 (0) 21 831 5400  
[www.corion.co.za](http://www.corion.co.za)

Please include:

- Completed application for individuals
- A copy of a South African bar coded ID, valid passport (if foreign national), or birth certificate (if minor), for the Investor and authorised representative (where applicable)
- Proof of address (not older than 3 months), for the Investor and authorised representative (where applicable). Please refer to our **Acceptable Forms of Verification document** for further information
- Proof of your bank details (cancelled cheque, bank statement, letter from the bank etc.), not older than 3 months
- Proof of tax registration (required for all investors including minors)
- Proof of payment of your investment contribution
- Dividend Withholdings Tax Exemption Form (if applicable).
- CRS and FATCA Self Certification Form for Individuals (where applicable).

**The Prime Collective Investment Schemes Management Company (RF) Pty Ltd, ("the Manager")** manages the Prime Collective Investment Scheme (CIS) and is registered with the Financial Services Board in terms of the Collective Investment Schemes Control Act No.45 of 2002.

**Global Independent Administrators (Pty) Ltd** is the Administrator of your UT investment and is an authorised Financial Services Provider (FSP No : 42255).



**1. Investor Details**

Please provide us with your personal details/details of the Investor (if applying on behalf of someone else).

Title  First Names

Surname  Date of Birth 

D	D	M	M	Y	Y	Y	Y
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ID or Passport Number (if foreign national) 

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Physical Address

Postal Address

Tel (Home)  Tel (Mobile)

Tel (Work)  Fax

Email

Are you a South African Resident? Yes  No

If "No" what is your country of residency?

Please note that income tax numbers are required for all Investors (irrelevant of age and/or occupation).

South African Income Tax No.

Are you Exempt from Dividend's Withholding Tax? Yes  No

If "Yes" please complete the Dividend Withholdings Tax Exemption Form and submit to the Administrator with your investment application documentation.

Do you have tax obligations, liabilities or tax residencies outside of South Africa? Yes  No

If "Yes" is selected please complete a CRS & FATCA Self-certification Form for Individuals.

**2. Details of Person Acting on Behalf of the Investor**

Please provide full details of the person who is authorised to act on behalf of the Investor together with proof of the authority/appointment.

Capacity in which the person is authorised:

Curator  Guardian  Executor of Estate  Power of Attorney  Discretionary Financial Advisor

Title  First Names

Surname

ID or Passport Number (if foreign national) 

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Physical Address   
  
 Code

Tel (Home)  Tel (Mobile)

Tel (Work)  Fax

Email

### 3. Investment Details

- Please refer to the **Portfolio list** before confirming your investment selection below.
- Please refer to each **MDD**, for all information pertaining to your selected portfolio(s), including fees, minimums, benchmarks and mandate details.

#### Minimum Investment Amounts

Lump Sum Amounts: **R 50 000** in total across all Portfolios

Debit Order Amounts: **R 500** per month

Please confirm how you will be making payment      Electronic Funds Transfer (Internet)       Cheque Deposit

Source of Funds      Savings       Bonus       Inheritance       Salary       Other

If other, please provide further details

Your investment may earn income distributions (interest and/or dividends). We will automatically reinvest income distributions earned on your investment, which means you will receive additional units.

If you would prefer your income distributions to be paid into your bank account, please check this box.

Total Investment Amount  R      Total Debit Order Amount  R

Portfolio Name	Class	Lump Sum Amount (R)	Recurring Debit Order Amount (R) (Please complete Debit Order Authority in 4 below)
<b>Total</b>			

If you require a regular withdrawal, please submit a completed **Regular Withdrawal Form** with this application.

#### Phase In's

Do you require a Phase-in?      Yes       No       If "Yes" please complete the section below:

Please confirm from which Portfolio you will be Phasing out of (this will be referred to as the source portfolio)? Furthermore please ensure that the Portfolio you have selected reflects in your investment portfolio choice.

Portfolio Name       Portfolio Class

Amount to be Phased-in from the source Portfolio  R

OR Phase-in total value within the source Portfolio

Phase in period:      3 months       6 months       9 months       12 months

Portfolio Name	Class	Phase-in Percentage (%)

If you require a regular withdrawal, please submit a completed **Regular Withdrawal Form** with this application.

#### 4. Debit Order Authority and Mandate

##### Collecting Entity Details

Full Registered Name:	<b>Prime Collective Investment Schemes Management Company (RF) (Pty) Ltd</b>
Abbreviated Name as registered with the bank:	<b>PRIME</b>
Address:	<b>28 Peter Place, Lyme Park, Sandton</b>

##### Investor Collection details

I/We hereby instruct and authorise **PRIME** to collect the amount on the frequency noted below from my/our bank account specified below:

Account Holder Name	<input type="text"/>				
Account Holder Physical Address (if not the same as the Investors)	<input type="text"/>				
	<input type="text"/>			Code	<input type="text"/>
Debit Order Amount	R <input type="text"/>				
Commencement Date	<input type="text"/> 0 <input type="text"/> 1	<input type="text"/> M <input type="text"/> M	<input type="text"/> Y <input type="text"/> Y <input type="text"/> Y <input type="text"/> Y		
Preferred Collection Date	1st of month <input type="checkbox"/>	25th of month <input type="checkbox"/>			
Annual Debit Order Escalation	0% <input type="checkbox"/>	5% <input type="checkbox"/>	10% <input type="checkbox"/>	15% <input type="checkbox"/>	20% <input type="checkbox"/>
Debit Order Collection Frequency	Monthly <input type="checkbox"/>	Quarterly <input type="checkbox"/>	Bi-Annually <input type="checkbox"/>	Annually <input type="checkbox"/>	

##### Account Holder Banking Details (Please attach proof of banking details when submitting this application)

Account Name	<input type="text"/>				
Account No.	<input type="text"/>	Bank	<input type="text"/>		
Branch	<input type="text"/>	Branch Code	<input type="text"/>		
Type of Account	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>		
Is the above account the account of the Investor	Yes <input type="checkbox"/>	No	<input type="checkbox"/>		

If **"No"** please include:

- Copy of the ID/Passport of an individual account holder
- Copy of ID's/Passports of authorised parties on the account for legal entities.

1. I/We hereby authorise you to issue and deliver Debit order instructions to your Banker for collection against my/our above-mentioned account at my/our above mentioned Bank (or any other bank or branch to which I/we may transfer ,my/our account) on condition that the amount of the collection will never exceed my/our obligations as agreed in this investment contract and commencing on the date confirmed above. This collection will continue until this Authority and Mandate is terminated by me/us

by providing electronic notification within 10 working days prior of your preferred collection date.

2. I/We acknowledge that all Debit Order collections issued by you shall be treated by my/our above-mentioned Bank as if the instructions have been issued by me/us personally.
3. I/ We understand that the Debit Order Collection hereby authorised will be processed through the computerised system provided by the South African Banks. I/ we also understand that the details of each Debit Order will be reflected on my bank statement and that the agreement reference number will be my/our account number.
4. Furthermore, I/we understand that should my/our preferred collection date fall on a Saturday, Sunday or Public Holiday, the amount will be debited the first working day thereafter.
5. I/We agree that although this Authority and Mandate may be cancelled by me/us, such cancellation will not cancel the investment contract. I/We shall not be entitled to any refund of amounts which you have withdrawn while this Authority and Mandate was in force, if such amounts were legally owing to you.
6. I/We agree to pay any bank charges and costs relating to this debit order authority. I/We declare that all funds invested are not the proceeds of unlawful activities.
7. I/We acknowledge that this Authority may be ceded or assigned to a third party if the Agreement is also ceded or assigned to that third party, but in the absence of such assignment of the Agreement, this Authority and Mandate cannot be assigned to any third party.
8. Should you wish to withdraw your investment it's important to note that debit orders have a 45-calendar day clearance period.

Signature of Account Holder

D	D	M	M	Y	Y	Y	Y
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## 5. Investor's Banking Details

Please attach proof of banking details when submitting this application.

Account Name	<input type="text"/>		
Account No.	<input type="text"/>	Bank	<input type="text"/>
Branch	<input type="text"/>	Branch Code	<input type="text"/>
Type of Account	Current <input type="checkbox"/>	Savings <input type="checkbox"/>	Transmission <input type="checkbox"/>

## 6. Fees

(a) Initial Fees (Excl. Vat) – These fees are deducted before the investment into your selected portfolios.

Financial Advisor Fee: Lump Sum Investments  % Per Debit Order  %

(b) Annual Fees (Excl. Vat) – These fees are deducted monthly, proportionately from your investment balance by selling units.

Financial Advisor Fee  %

## 7. Financial Advisor Details

Please only complete the section below if you have appointed an approved Financial Services Provider as your Financial Advisor?

The FSP is appointed by the Investor with: No Discretion  \*Full Discretion

*\*If the FSP holds a 'Category II' licence with the Financial Sector Conduct Authority (FSCA), it is licensed to exercise discretion and submit instructions on your behalf. For a FSP to act on your behalf you will be required to sign a FSCA approved mandate.*

Financial Advisor Name	<input type="text"/>		
Financial Advisor Code	<input type="text"/>		
Tel (Mobile)	<input type="text"/>	Tel (Work)	<input type="text"/>

Tel (Fax)

Email

**Declaration to be completed by the Financial Services Provider**

1. I declare that all the information contained in this application was obtained from the Investor and was completed in his/her presence.
2. I hereby confirm that I am appropriately and timeously registered in terms of the Financial Advisory and Intermediary Services Act 2002 (FAIS Act) to act as the Member’s Financial Advisor provider on record.
3. I warrant that I have either established and verified the identity of all Investors in accordance with section 21 of the Financial Intelligence Centre Act No 38 of 2001 (“FICA”), or that in terms of my rules and procedures ordinarily applied in the course of establishing business relationships or concluding single transactions, I will have established and verified, in accordance with section 21 of FICA, the identity of every Investor on whose behalf I will be establishing business relationships or conducting single transactions with the Administrator or that I have, where it has not established and verified the identify of any Investor, been exempted from having to do so by another (the primary) accountable institution and that I will or have obtained a written undertaking from the primary accountable institution to this effect. I further warrant that I will keep records of such identification in accordance with Section 22 of FICA or, where it has not established and verified the identity of Investors, another (the primary) accountable institution has provided me/us with an undertaking that it will keep the requisite records.
4. I authorise the Administrator to accept instructions by facsimile or e-mail and hereby waive any claim that I may have against the Administrator and indemnify the Administrator against any loss incurred as a result of the Administrator receiving and/or acting upon such communication. The Administrator 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 and/or transactions. The Administrator 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 the Administrator accordingly.

Signature of Financial Advisor

D	D	M	M	Y	Y	Y	Y
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**8. Investor/Authorised Party Declarations**

- I/We have read, understand and agree to be bound by the provisions of this application, **Product Information Document, Portfolio Supplement(s)** and **Minimum Disclosure Document(s)**.
- You understand the purposes for which your personal information is required and for which it will be used and you expressly and voluntary consent to the use of your personal information and you give us permission to process your personal information as detailed further in the Information Document.

Signed at (Place)

D	D	M	M	Y	Y	Y	Y
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Signature of Investor

Full name of Authorised Representative

Signature of Authorised Representative