

CORION NCIS HEDGE FUNDS DEBIT ORDER CHANGE FORM

Novare CIS (RF) (Pty) Ltd | Registration Number: 2013/191159/07 | SARS Registration Number: 9649/248/16/9
Corion Capital (Pty) Ltd | Registration Number: 2007/002166/07 | FSP Number: 44523



- 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
- Investing: applications are processed on a monthly basis. Your application form must be submitted to Novare CIS before 14h00, 2 business days prior

to the end of the month and your proof of payment must be submitted before 14h00 on the last business day of the month. Your application will be processed on the 1st of the following month

- Completed forms are to be faxed to **087 150 1551** or e-mailed to **hedgetransact@novare.com**
- 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 INVESTOR DETAILS

Existing investor number: _____

Title: _____ Surname: _____

Full name/Entity name: _____

ID/Passport /Trust/Registration number: _____

Telephone number: _____ Fax number: _____

Cellphone number: _____ E-mail address: _____

Source of funds (compulsory) _____

B NEW DEBIT ORDER DETAILS

I/We the undersigned, authorise Novare CIS (RF) (Pty) Ltd to draw against my/our bank account the debit order investment amounts in terms of this application on the 1st day of each month for the investment at the ruling price on the first business day of that day. All such withdrawals from my/our account will be treated as though they have been signed by me/us personally, and I/we request the bank to debit my/our account with these drawings. I/We acknowledge that debit order investments are subject to a 14-day clearance period. Please increase my monthly debit order by the percentage indicated in Section D – Investment Options on the anniversary date each year for the duration of the debit order.

Novare's Abbreviated Name as registered with the bank: NOVARE CIS. The sum of such payment instructions will never exceed my/our obligations as agreed to in this Debit Order Change form. Regular debit order withdrawals from my/our account will commence on the date indicated above and will continue until this authority is terminated by me/us in writing of not less than 20 ordinary business days, and faxed to Novare on 087 150 1551 or e-mailed to hedgetransact@novare.com. In the event that the payment day falls on a weekend, or a recognised South African public holiday, the payment day will automatically be the very next ordinary business day. I/We understand that the withdrawals hereby authorised will be processed through a computerized system provided by the South African Banks. I/We also understand that details of each withdrawal will be printed on my bank statement and will include "NOVARE CIS" together with my/our investor number. My/Our investor number is reflected on the Welcome Letter and all further transaction and monthly statements received from Novare.

Cancellation

I/We agree that although this authority may be cancelled by me/us, such cancellation will not cancel my investments in the Novare CIS scheme. I/We shall not be entitled to any refund of amounts which Novare has withdrawn while this authority was in force, if such amounts were legally owing to Novare.

Assignment

I/We acknowledge that this authority may be ceded or assigned to a third party if the investments in the Novare CIS scheme is also ceded or assigned to that third party, but in the absence of such assignment of the investments in the Novare CIS scheme, this authority cannot be assigned to any third party.

Authorised Signature: _____ Date: _____

C EXISTING DEBIT ORDER DETAILS

The minimum lump sum amount required to open an account is specified under Section D. Once the account is open, a monthly debit order of minimum R5 000 may be instated.

Debit Order Increase

Please increase my debit order as follows:

From: RANDS _____, CENTS _____ to: RANDS _____, CENTS _____

Effective: _____

Debit Order Decrease

Please decrease my debit order as follows:

From: RANDS _____, CENTS _____ to: RANDS _____, CENTS _____

Effective: _____

Debit Order Termination

Please terminate my debit order of: RANDS _____, CENTS _____

Effective: _____

Debit Order Reinstatement

Please reinstate my debit order of: RANDS _____, CENTS _____

Effective: _____

D INVESTMENT OPTIONS

I/We hereby apply to invest in the Novare CIS in accordance with the provisions of the relevant Deed of each fund at the respective fund/s price/s ruling on the date of receipt of the monies by Novare, subject to receipt of a duly completed Application Form, proof of deposit and all relevant supporting documentation.

Retail Investor Funds	Fee Class	*Lump Sum Investment	Debit Order (min. R5 000 p.m.)	Annual Debit Order Increase (enter percentage)	Income Distribution	
					Reinvested	Deposited to bank account
Corion Prosperitas NCIS RIF Hedge Fund		<i>min. R250 000</i>		%		
Corion Gravitas NCIS RIF Hedge Fund		<i>min. R50 000</i>		%		
Corion Absolute NCIS Retail Fund of Hedge Funds		<i>min. R50 000</i>		%		

* The minimum lump sum investment for Corion Prosperitas NCIS RIF Hedge Fund is R250 000. The minimum lump sum investment for the Corion Gravitas NCIS RIF Hedge Fund and Corion Absolute NCIS Retail Fund of Hedge Funds is R50 000.

E BANKING DETAILS

The details specified below must be in the investor's name.

Bank: _____ Account number: _____

Branch: _____ Branch code: _____

Type of account: Current Transmission Savings

Name of account holder: _____ Date: _____

A cancelled cheque or a certified copy of a bank statement (less than three months old) must accompany this application form as confirmation of proof of bank details. No payments will be made to third parties (i.e. payments will only be made to the bank account in the name of the registered investor). We are unable to facilitate payments to credit cards or market-linked accounts. Maitland Group South Africa Limited ("Administrator") executes all payment instructions electronically. No payment will be made by cheque.

The Administrator executes all payment instructions electronically. No payment will be made by cheque.

I hereby acknowledge that the same terms and conditions that are applicable to my original investment apply to this investment.

Signature of investor/member or authorised representative: _____ Date: _____

F FINANCIAL ADVISOR DETAIL AND DECLARATION

Contact name: _____ FSP name: _____

Financial advisor account number: _____ Registration number: _____

FSP license number: _____

I/We

- declare that I/we am/are a licensed Financial Service Provider(s) and have made the disclosures required in terms of the Collective Investment Schemes Control Act, 2002, and the Financial Advisory and Intermediary Services Act, No. 37 of 2002, and subordinate legislation thereto, to the investor.
- acknowledge and confirm that, in my/our capacity as the primary accountable institution with Novare being the secondary accountable institution, I/we have established and verified the identity of the client in accordance with Section 21 of the Financial Intelligence Centre Act, 2001 ("the Act"), and will keep records of such identification and verification according to the provisions of Section 22 of the Act.
- warrant that I/we have explained all fees that relate to this investment to the investor and I/we understand and accept that the investor may withdraw his/her authority for payment to me/us in writing to the fund.

Signed at: _____ on this _____ day of _____, year _____

Signature of financial advisor: _____

G FINANCIAL ADVICE FEES

(Please select an option)

I acknowledge that I did not receive financial advice from either Novare or a financial advisor; OR

I hereby confirm that the Financial Advisor whose details are completed in the "Financial Advisor Details and Declaration" section above, is my appointed Financial Advisor and agree to payment of fees as follows:

Initial advice fee: __ . __ __ % (Negotiable to maximum 3% exclusive of VAT. Applied to each contribution and deducted before investment is made).

Ongoing advice fee: __ . __ __ % per annum of the market value of the investment portfolio, charged by way of unit reduction and paid to the Financial Advisor monthly in arrears (Negotiable to maximum 1% exclusive of VAT. If initial advice fee of greater than 1.5% is selected, then the maximum annual advice fee is 0.5%). This annual advice fee is not part of the normal annual management fee charged by the relevant Fund/s.

This authority may be withdrawn by written notice to Novare.

Signature of investor or authorised representative: _____

H INVESTOR SIGNATURE

I hereby acknowledge that the same terms and conditions that are applicable to my original investment apply to this investment.

Signature of investor or authorised representative: _____ Date: _____

Novare CIS (RF) (Pty) Ltd
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