



UNIT TRUST APPLICATION FORM

Acting on behalf of the investor

Important information

This form should not be used for individuals providing you with a financial service e.g. advice or intermediary services as defined in the Financial Advisory and Intermediary Services (FAIS) Act. Any person providing you with a financial service must be registered with the Financial Sector Conduct Authority (FSCA) and have a financial services provider (FSP) number.

Please complete all relevant sections of this form, and send the required documents to 27fouradmin@prescient.co.za

27four Collective Investments (RF) (Pty) Ltd ("27four") is authorised as a Manager in terms of the Collective Investment Schemes Control Act.

The unitholder administration is performed by Prescient Fund Services (Pty) Ltd, "Administrator".

Complete the form and submit documents

A clear copy of your South African ID or Passport (if Foreign National)

Provide your personal details

Client number	<input type="text"/>
Full name	<input type="text"/>
ID or Passport number (if foreign national)	<input type="text"/>

Acting on behalf of investor*

*This is for Guardians / persons with Powers of Attorney

Title	<input type="text"/>	Surname	<input type="text"/>
First name(s)	<input type="text"/>	Gender	<input type="text"/>
Date of birth	<input type="text"/>	Capacity	<input type="text"/>
Contact number	<input type="text"/>	Email address	<input type="text"/>
ID or Passport number (if foreign national)	<input type="text"/>	Telephone (W)	<input type="text"/>
Marital status	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced	Occupation	<input type="text"/>

Street address

C / O

Unit

Complex

Street number

Street

Suburb

City

Postal address

Same as street address

YES

NO

C / O

Line 1

Line 2

Line 3

Line 4

Postal code

Political Exposed Person (PEP) is someone who has been entrusted with a prominent public function, or an individual who is closely related to such a person.

I consider myself to be, or to be associated with a PEP.

YES

NO

If yes, please provide details:

Authority granted to person acting on behalf of the investor

The authorised person will have access to all of your current and future investment accounts.

You (the investor) can authorize the level of authority of the person acting on your behalf. Please select below what you would like the authorised person to be allowed to do:

View all your investments online and request information via telephone or email.

View and submit instructions online and by signing instructions on your behalf.

Declaration by person acting on behalf of the investor

1. I hereby confirm that the information provided is complete, true and correct.
2. I am not providing any financial service to clients of 27four.
3. I am not required to be a licensed FSP and/or representative of a licensed FSP.

Date

Signature of person receiving authority

Authorisation and Declaration

1. I have read and fully understood all the pages of this application form and agree to the **Terms and Conditions**.
2. I warrant that the information contained herein is true and correct and that where this application is signed in a representative capacity, I have the necessary authority to do so and that this transaction is within my power.
3. I authorise 27four to deduct any debit orders, electronic collections, any applicable taxes and also to pay all fees.
4. I understand and agree that no part of the services provided by 27four constitutes a solicitation, recommendation, guidance or proposal, nor does it constitute financial, tax, legal, investment or other advice.
5. I understand that 27four will accept instructions from my FSP only if duly appointed and authorised in writing by me. 27four will not be held liable for any losses that may result from unauthorised instructions given to 27four by my FSP.
6. I authorise 27four to accept and act upon instructions by e-mail and hereby waive any claim that I have against 27four and indemnify 27four against any loss incurred as a result of 27four receiving and acting on such communication or instruction.
7. I consent to my personal information being processed in accordance with the **Terms and Conditions**.

Full name

Signed at Capacity

Date

Signature of investor / legal guardian

*If signing on behalf of the investor please provide proof of authority and supporting verifying documentation.