





2nd Floor, Josephine Mill, 13 Boundary Rd, Newlands, Cape Town, 7700 t: +27 (0)21 276 3450 | e: info@granate.co.za | www.granate.co.za

# UNIT TRUST APPLICATION FORM DIRECT INVESTMENTS: INDIVIDUALS

Boutique Collective Investments (RF) (Pty) Ltd administers the BCI unit trusts. It is authorised to do so as a Manager, in terms of the Collective Investment Schemes Control Act. In this document it will be referred to as "BCI".

#### IMPORTANT INFORMATION

**DOCUMENT CHECKLIST** 

Armed Forces

Clerical, Services & Sales

Other (Please Specify)

- 1. Please refer to www.bcis.co.za for fees and fund information.
- 2. Please ensure that you read the Terms and Conditions.
- 3. Unless we receive information from you indicating otherwise, we will treat all account holders as individual South African residents for Dividend Withholding Tax, and the account will attract the default tax rate.
- 4. Please email the required documents in the checklist below to instructions@bci-transact.co.za or fax to (0)86 502 5319.
- 5. BCI will process this application when all required documents are received, and once in order we will provide you with BCI's banking details. The details of our bank account will remain the same throughout the transaction and the duration of our business relationship, and you should not make any changes without first consulting our client services team.
- 6. To protect your funds from the negative consequences of possible cyber-attacks, we recommend that you confirm the deposit details telephonically with our client services team by calling 021 007 1500/1/2 before transferring funds. Please note that we take no responsibility for any monies paid into incorrect bank accounts, being that due to negligence or cyber fraud linked to your email account. By signing this form you agree to these terms.
- 7. The legal owner of the investment will be the person in whose name the investment is registered.

Executive

Government Employee

- 8. All corrections and changes to the application must be initialled by the investor.
- 9. BCI reserves the right to request additional documents/information.
- 10. A welcome pack will be forwarded to the email address provided in Section 1 within 2 business days once the investment has been finalised, thereafter you have to download statements from our website.

| <ul> <li>+ A copy of your South A</li> <li>+ Proof of your bank deta</li> <li>+ If a representative lega</li> <li>+ Proof of authority (</li> </ul> | Unit Trust application for individual investo frican bar-coded ID/Card, valid passport (if ails (e.g. bank statement) | foreign national) or unabridged birt or, the representative / legal guardia ertificate/discretionary mandate) | th certificate (if mind<br><br>In must submit: | or)         |
|---|---|---|--|-------------|
| SECTION 1: INVESTOR   | R DETAILS   |   |  |             |
| PERSONAL DETAILS  |   |   |  |             |
| Title   | Surname   |   |  |             |
| First Name(s)   |   |   | Initials                                       |             |
| Physical Address  |   |   |  |             |
|   |   |   | Do at al. C                                    | 1 -         |
| Postal Address  | If the same as above, please check this b   | рох   | Postal C                                       | ode         |
|   |   |   | Postal C                                       | ode         |
| Telephone (I  | H)  | (W)   |  |             |
| Mobile  |   |   |  |             |
| Email   |   |   |  |             |
| ID Number/ Passport numbe<br>(if foreign national*)   | er  |   |  |             |
| Date of birth   | D D / M M / Y Y Y Y   | Passport Expiry Da  | te* D D / M N                                  | 1 / Y Y Y Y |
| Country of Birth  |   | Country of Residence  |  |             |
| Country of Tax Residence  |   |   |  |             |
| Tax Identification Number   |   |   |  |             |
| South African resident  | Non resident  |   |  |             |
| If you are an emigrant, pleas   | se complete the following: Is the investmen   | at being made from a blocked Rand   | account?                                       | Yes No      |
| Occupation  |   |   |  |             |
| Agriculture, Fishing, Forestry  | y Education or Medical  | Manager   | Professional                                   | Unemployed  |

Minister or Senior Government

Pension/Retired

IT Technician or Artisan

Self-employed

| Source of Inco  | ome/Wealth (   | BCI reserves the   | right to request add   | itional support   | ing documents)   |  |   |                                      |                                 |
|---|--|--|--|---|--|--|---|--------------------------------------|---------------------------------|
| Salary  | Pension  | Annuity  | Other  |   |  |  |   |                                      |                                 |
| Are you a Prop<br>Exposed Person  | minent Influer<br>on ("DPEP") or<br>n of PIP, FPEP and                         | a family member  | kposed Person<br>oreign Politically Exp<br>or known close asso   |   |  | Politically  |   | Yes                                  | No                              |
| ii yes, piease s  | specify  |  |  |   |  |  |   |                                      |                                 |
| TAX DETAILS   |  |  |  |   |  |  |   |                                      |                                 |
|   |  |  | e other than South   | Africa?   |  | Yes  | No  |                                      |                                 |
| Please comple   | ete the table b  | elow:  |  |   |  |  |   |                                      |                                 |
|   | Соц  | untry of Tax Resider   | ice  |   | Tax  | ( Identification   | Number*   |                                      |                                 |
|   |  |  |  |   |  |  |   |                                      |                                 |
|   |  |  |  |   |  |  |   |                                      |                                 |
|   |  |  |  |   |  |  |   |                                      |                                 |
| If you are upa  | hlo to provide   | a Tay Idontificati   | on Number, please t  | ick one of the f  | ollowing rossons h   | volove:  |   |                                      |                                 |
|   | ssued by juris   |  | on Number, please t  | ick one or the i  | ollowing reasons t   | eiow.  |   |                                      |                                 |
| TIN not r   | equired unde   | r domestic law; oı   |  |   |  |  |   |                                      |                                 |
|   | ired to registe  | er for tax; or   |  |   |  |  |   |                                      |                                 |
| Other   |  |  |  |   |  |  |   |                                      |                                 |
| Keason for no   | tax identifica   | ation number   |  |   |  |  |   |                                      |                                 |
| Service (SARS<br>('FATCA') and<br><b>Dividend witl</b><br>SARS requires<br>these into you | ) with informathe Organisation  hholding TAX  BCI to pay over  ir investment a | etion provided to I<br>ion for Economic<br>er dividend tax on<br>account. The tax ra | d is correct. I hereby<br>BCI when I invest or<br>Co-operation and De<br>your behalf where a<br>te for South African<br>qualifies for a reduce | transact with Bevelopment's (Good pplicable. We wresidents is 20% | CI to adhere to the<br>DECD) Common Re<br>will deduct this tax be<br>6. If you are not a S | e Foreign Acco<br>eporting Stand<br>pefore we pay<br>South African | ounts Tax Coldards (CRS).  any dividendresident you | mpliance<br>Is to you c<br>may quali | Act<br>or re-invest<br>fy for a |
| reduced tax ra  | ite. II your cou   | intry or residence   | qualifies for a reduce   | tu rate please ti   | ontact us and we w   |  | ie fiecessaly                                       | 1011115 (0 (                         | complete.                       |
| _   | finvestor(s) or<br>ing on behalf   | r legal guardian/<br>of investor   |  |   |  | Date   | D/MM  | /   Y   Y                            | / Y Y                           |
| Name of sig   | natory   |  |  |   |  |  |   |                                      |                                 |
| DERSON A  | CTING ON I   | BEHALF OF THI  | = INIVESTOR  |   |  |  |   |                                      |                                 |
|   |  |  | ons with a power of  | attornev/discr  | etionary mandate   | to act on beh  | alf of this inv                                     | estor/mir                            | nor.                            |
| Title   |  | 0  | Surna  |   | ,  |  |   | ,                                    |                                 |
| First Name(s)   |  |  |  |   |  |  |   |                                      |                                 |
| Date of birth   |  | DD/M   | M / Y Y Y Y  |   | Relation   | ship   |   |                                      |                                 |
| ID Number/ P  | assport numb   | er   |  |   |  |  |   |                                      |                                 |
| (if foreign natio   | onal)<br>Mob   | ila  |  | (H)   |  | (W)  |   |                                      |                                 |
| Email Address   |  | iie  |  | (11)  |  | ( 0 0 )  |   |                                      |                                 |
| Physical Addr   |  |  |  |   |  |  |   |                                      |                                 |
| ,   |  |  |  |   |  |  |   |                                      |                                 |
|   |  |  |  |   |  |  | Postal  | code                                 |                                 |
| Are you a Prop<br>Exposed Person  | minent Influen   | a family member  | <b>kposed Person</b><br>oreign Politically Exp<br>or known close asso  |   |  | olitically   |   | Yes                                  | No                              |
| If yes, please s  | specify  |  |  |   |  |  |   |                                      |                                 |
| ONLINE A  | CCESS  |  |  |   |  |  |   |                                      |                                 |
|   | nd certificates,   |  | icates must be colled<br>m other transactions  |   |  |  |   |                                      |                                 |

View and transact online? Yes No Viewing access only? Yes No

# **SECTION 2: INVESTMENT DETAILS** <sup>2.</sup> Ongoing Monthly 1. Initial Lump Sum Distributions | **Portfolio Name** Class **Debit Order** Annual Investment (R) Advice Fee % Investment (R) Advisory Fee % Reinvest Payout TOTAL INVESTMENT AMOUNT 1- Refer to www.bcis.co.za for maximum fees applicable. Initial advice fee is deducted from the investment amount and paid to the advisor. 2. Negotiable to a maximum of 1% per annum (excl. VAT). Advisory fees are withdrawn by way of unit redemption. The annual advice fee, if any, is in addition to the standard service charges and initial advice fee. <sup>3.</sup> Income distributions of less than R300 will always be reinvested. Please note: Clients should agree to all fees. If no fees are inserted above, 0% fees will be implemented. Please refer to www.bcis.co.za for fund information and maximum fees; or visit our website for the detailed Minimum Disclosure Documents. BCI levies a R15 (excl. Vat) monthly administration fee at the end of each month on all direct retail investor account balances less than R100 000, excluding those account balances that has online trading. The administration fee is in addition to the investment charges on the relevant portfolio(s). BCI reserves the right to change the administration processes, charges and thresholds subject to at least 3 months' notice to investors.

| Signature of investor(s) or legal guardian/<br>Person acting on behalf of investor | Date DD / MM / YYYY |
|--|---------------------|
| Name of signatory  |                     |
|  |                     |
| SECTION 3: PAYMENT DETAILS   |                     |

| ource of funds (Where the funds for the investment is coming from) |                         |                  |                  |             |  |  |  |  |
|--|-------------------------|------------------|------------------|-------------|--|--|--|--|
|  | Business Income/Profits | Capital/Savings  | Donations        | Inheritance |  |  |  |  |
|  | Investment Proceeds     | Potiromont Funds | Salo of Proporty | Salary/Ronu |  |  |  |  |

Investment Proceeds Retirement Funds Sale of Property Salary/Bonus

Other (Please specify)

Purpose of Investments (example: long term savings, saving toward retirement, education, short terms savings, etc.)

Please specify

Method of payment Electronic / Internet transfer\*

Debit order Once-off Debit order\*\* on |D|D|/|M|M|/|Y|Y|Y|Y| (cut off time: 13:00)

#### **SECTION 4: BANK DEBIT AUTHORITY**

Debit orders will be collected on the 1st or the 1sth of each month. Investor \*Third Party (Legal guardian/Person acting on behalf)

\*If the bank account holder is a third party individual, or legal entity please complete Annexure B: Third Party Bank account authorisation.

Debit orders can only be drawn from a South African bank account. The following accounts cannot be debited: an offshore, blocked rand, credit card, bond, or market-linked bank account.

I hereby instruct and authorise BCI to draw direct debits against the bank account below.

Account Holder

Identification number (if third party)

Country of citizenship (if third party)

Name of Bank

Branch Name Branch code

Account Number

Account Type Current Savings Transmission

<sup>\*</sup>If you prefer to do an electronic/internet transfer, banking details will be provided once your application form has been successfully processed. Proof of payment will be required.

<sup>\*\*</sup>If selecting a once-off debit order, BCI will debit your account within five business days of receiving the application form and all relevant documents. The once-off debit order will take 28 days to clear. \*\* Once-off debit order is restricted to a maximum of R2 000 000 per day. If your investment amount exceeds R2 000 000, you will need to transfer the amounts directly to our BCI operations account.

| Debit Order Details   |   |                                |                                   |                                    |                          |                   |                              |                              |
|---|---|--------------------------------|-----------------------------------|------------------------------------|--------------------------|-------------------|------------------------------|------------------------------|
|   | R                                       |                                | ommencing o                       |                                    | or 15th                  | of D              | D / M M                      | / Y Y Y Y                    |
| Debit orders are applied<br>the next business day. The<br>selected day. Please note   | e cut-off for all del                   | oit order noti                 | ces to be proc                    | essed in a par                     |                          |                   | ,                            |                              |
| Optional escalation rate  | per annum                               | 5%                             | 10%                               | 15%                                | Other                    | %                 |                              |                              |
| If no escalation rate is co   | mpleted, a 0% esco                      | alation will be                | applied.                          |                                    |                          |                   |                              |                              |
| Signature of bank acco  | unt holder                              |                                |                                   |                                    |                          | Date D D          | / MM /                       | YYYY                         |
| Name of signatory   |   |                                |                                   |                                    |                          |                   |                              |                              |
| SECTION 5: INCOM  | F INSTRUCTION                           |                                |                                   |                                    |                          |                   |                              |                              |
| Regular Withdrawal Pay  |   |                                |                                   |                                    |                          |                   |                              |                              |
| Payment Frequency   | Monthly                                 |                                | Quarterly                         |                                    | Biannually               | ,                 | Annually                     |                              |
| Participatory interests wi<br>Act, No 45 of 2002, and i<br>Inter-bank rules may app<br>FROM FUND  | n line with the Terr                    |                                |                                   |                                    | uirements of the         |                   |                              |                              |
|   | Portfolio Name                          | :                              |                                   | 1                                  | Amount per regula        | ır withdrawal (R) |                              | Percentage                   |
|   |   |                                |                                   |                                    |                          |                   | or                           | %                            |
|   |   |                                |                                   |                                    |                          |                   | or                           | %                            |
|   |   |                                |                                   |                                    |                          |                   | or                           | %                            |
| TOTAL TO BE WITHDRAWN   | PER PERIOD                              |                                |                                   |                                    |                          |                   |                              | %                            |
| CECTION C. INVECT   |   | LINT DETAI                     | IC /Assaunt                       | to be used                         | for income an            | d with drawa      | l navmont ir                 | actructions                  |
| SECTION 6: INVEST   |   |                                |                                   |                                    |                          |                   | граутеті іг                  | istructions)                 |
| Please keep BCI informed<br>Tick this box if your bank  | -                                       |                                |                                   | -                                  | investor update          | IOIIII.           |                              |                              |
| Account Holder  | ing details are the                     | same as com                    | pieteu iii secti                  | 011 4                              |                          |                   |                              |                              |
|   |   |                                |                                   |                                    |                          |                   |                              |                              |
| Bank  |   |                                |                                   |                                    | _                        |                   |                              |                              |
| Branch Name   |   |                                |                                   |                                    | Bra                      | nch code          |                              |                              |
| Account Number  |   |                                |                                   |                                    |                          |                   |                              |                              |
| 71  | Current                                 |                                | avings                            |                                    | Transmissio              | • •               |                              |                              |
| All payments are made e made to credit card or m  |   |                                |                                   | _                                  |                          |                   | r only. No pay               | yments will be               |
| SECTION 7: FINANC   | IAL ADVISOR D                           | ETAILS                         |                                   |                                    |                          |                   |                              |                              |
| FINANCIAL ADVISOR   |   |                                |                                   |                                    |                          |                   |                              |                              |
| Full name and surname   |   |                                |                                   |                                    |                          |                   |                              |                              |
| FSP name (FSP)  |   |                                |                                   |                                    |                          |                   |                              |                              |
| FSP license number  |   |                                |                                   |                                    |                          |                   |                              |                              |
| Financial advisor code  |   |                                |                                   |                                    |                          |                   |                              |                              |
| Advisor email   |   |                                |                                   |                                    |                          |                   |                              |                              |
|   |   |                                |                                   |                                    |                          |                   |                              |                              |
| Financial advisor FAIS de   |   |                                |                                   |                                    |                          |                   |                              |                              |
| <ol> <li>I have made the disc<br/>Services Act 37 of 20</li> <li>I have explained all<br/>my fees.</li> <li>I confirm that where</li> </ol> | 002 (FAIS) and subdees that relate to t | ordinate legis<br>his investme | lation thereto<br>nt to the inves | , to the invest<br>stor. I underst | tor.<br>and and accept t | that the investo  | Yes<br>or may write t<br>Yes | No<br>to BCI to cancel<br>No |
| contained herein.   |   |                                |                                   |                                    |                          |                   | Yes                          | No                           |
| Signature of financial a  | dvisor                                  |                                |                                   |                                    |                          | Date D D          | / M M /                      | YYYY                         |

Name of signatory

#### **INVESTOR**

#### Discretionary mandate declaration

This section is only applicable if the FSP above holds a 'Category II' License with the FSCA and is therefore an approved discretionary FSP. Where the FSP has a Category II FAIS License and the Client has mandated the FSP/Representative to act on his/her behalf in terms of a discretionary mandate, a copy of the discretionary mandate must be provided. BCI will not act on instructions from the FSP/Representative if

I confirm that I have entered into a mandate with the above approved discretionary FSP.

No

- I agree and understand that, in terms of the mandate, the FSP may give BCI investment instructions directly, and I authorise BCI to accept all instructions, including electronic transactions, submitted by the FSP on my behalf.
- I confirm that where the applicant is a minor that I am the legal guardian of the minor, and have consented to the approved FSP processing the personal details of the minor in respect of this application.

|  | -    |      |     |   |    |   |
|--|------|------|-----|---|----|---|
| Signature of investor(s) or legal guardian/<br>Person acting on behalf of investor | Date | DD/N | M / | Υ | ΥΥ | Υ |
| Name of signatory  |      |      |     |   |    |   |

# **SECTION 8: UNCLAIMED INVESTMENTS**

As per the Terms and Conditions, I agree that BCI may recover all direct and indirect tracing costs from my investment in the event that BCI is unable to locate me via my telephone number(s) and email address above.

If no response is received from my contact details within a reasonable period, then my investment will be regarded as unclaimed and BCI may institute actions at their own discretion to locate me.

In the event that my investment become unclaimed, I agree that BCI may at its discretion contact the following next of kin.

| Title         |        | Surname |     |
|---------------|--------|---------|-----|
| First Name(s) |        |         |     |
| Telephone     | Mobile | (H)     | (W) |
| Fmail Address |        |         |     |

#### **SECTION 9: INVESTOR DECLARATION**

- I confirm that all information provided in this form and all other documents signed by me in connection with this application, whether in my handwriting or not, are true and correct.
- Where this application form is signed in a representative capacity I confirm that I have the necessary authority to do so.
- I confirm that BCI may accept instructions from any authorised third-party who has been authorised by me in writing.
- I have read and understood the relevant fund factsheets (minimum disclosure documents) of the unit trusts I wish to invest in.
- I have read, understood and agree to the latest Terms and Conditions on the BCI website www.bcis.co.za.
- Where signed in the capacity as legal guardian, I explicitly consent to the use of the minor's personal details contained herein.

#### PRIVACY STATEMENT

Boutique Collective Investments (RF)(Pty) Ltd ("BCI") takes your privacy and the protection of your personal information seriously, and we will only use your personal information in accordance with Applicable Laws and the BCI Privacy Policy. It is important to us that you understand how we obtain, process, store, and share your information. By submitting any personal information to BCI you provide consent to the processing and sharing where applicable of your personal information and/or that of your children or children that you have legal guardianship over (if applicable) as set out in the Privacy Policy. Please do not submit any personal information to BCI if you do not agree to any of the provisions of the Privacy Policy. If you do not consent to the provisions of the Privacy Policy, or parts thereof, BCI may not be able to provide its products and/or services to you. To access the BCI Privacy Policy please click on the link or on the BCI website www.bcis.co.za.

| Signature of investor(s) or legal guardian/<br>Person acting on behalf of investor | Date DD / MM / YYYY |
|--|---------------------|
| Name of signatory  |                     |

Visit our website: www.bcis.co.za

## **CONTACT DETAILS**

**Physical Address** 

**Boutique Collective Investments** 

Catnia Building Bella Rosa Village Bella Rosa Street Bellville 7530

Should you have any complaints, please send an email to complaints@bcis.co.za

Contact us

Tel: +27 21 007 1500/1/2 | Fax: +27 (0)86 502 5319

Email: clientservices@bcis.co.za | compliance@bcis.co.za

Custodian / Trustee

The Standard Bank of South Africa Limited

Tel: +27 21 441 4100

ASISH

AN ORDINARY MEMBER OF THE ASSOCIATION FOR SAVINGS & INVESTMENT SA

#### ANNEXURE A: DEFINITIONS

## DOMESTIC POLITICALLY EXPOSED PERSON (DPEP)

## Domestic Politically Exposed Person (DPEP)

An individual who holds, including in an acting position for a period exceeding six months, or has held a prominent public function in South Africa, including that of:

- a. the President or Deputy President;
- b. a government minister or deputy minister;
- c. the Premier of a province;
- d. a member of the Executive Council of a province;
- e. an executive mayor of a municipality elected in terms of the Local Government: Municipal Structures Act, 1998;
- f. a leader of a political party registered in terms of the Electoral Commission Act, 1996;
- g. a member of a royal family or senior traditional leader as defined in the Traditional Leadership and Governance Framework Act, 2003;
- h. the head, accounting officer or chief financial officer of a national or provincial department or government component, as defined in section 1 of the Public Service Act, 1994;
- the municipal manager of a municipality appointed in terms of section 54A of the Local Government: Municipal Systems Act, 2000 or a chief financial officer designated in terms of section 80 (2) of the Municipal Finance Management Act, 2003;
- j. the chairperson of the controlling body, the chief executive officer, or a natural person who is the accounting authority, the chief financial officer or the chief investment officer of a public entity listed in Schedule 2 or 3 to the Public Finance Management Act, 1999;
- k. the chairperson of the controlling body, chief executive officer, chief financial officer or chief investment officer of a municipal entity as defined in section 1 of the Local Government: Municipal Systems Act, 2000;
- a constitutional court judge or any other judge as defined in section 1 of the Judges' Remuneration and Conditions of Employment Act, 2001;
- m. an ambassador or high commissioner or other senior representative of a foreign government based in the Republic: or
- n. an officer of the South African National Defence Force above the rank of major-general;

or holds, including in an acting position for a period exceeding six months, or has held the position of head, or other executive directly accountable to that head, of an international organisation.

#### FOREIGN POLITICALLY EXPOSED PERSON (FPEP)

## Foreign Politically Exposed Person (FPEP)

An individual who holds, or has held, in any foreign country a prominent public function including that of a:

- a. Head of State or head of a country or government;
- b. member of a foreign royal family;
- c. government minister or equivalent senior politician or leader of a party;
- d. senior judicial official;
- e. senior executive of a state-owned corporation; or
- f. high-ranking member of the military.

#### PROMINENT INFLUENTIAL PERSON (PIP)

#### Prominent Influential Person (PIP)

An individual who holds or has held at any time in the preceding 12 months, the position of:

- a. chairperson of the board of directors;
- b. chairperson of the audit committee;
- c. executive officer; or
- d. chief financial officer,

of a company that is defined in the Companies Act No. 71 of 2008 if the company provides goods or services to an organ of state.

# FAMILY MEMBER AND KNOWN CLOSE ASSOCIATE OF A DPEP AND FPEP

Family member and known close associate of a DPEP and FPEP

Family members and known close associates include:

- a. the spouse, civil partner, or life partner;
- b. the previous spouse, civil partner, or life partner, if applicable;
- c. children and stepchildren and their spouse, civil partner, or life partner;
- d. parents:
- e. sibling and step sibling and their spouse, civil partner, or life partner; and
- f. individuals who are closely connected to a prominent person, either socially or professionally and who can conduct transactions on behalf of the DPEP/FPEP.

# ANNEXURE B: THIRD PARTY BANK AUTHORISATION

Complete and submit this section if the payment is from a third party's bank account and provide copies where requested.

## Individuals

- Copy of the third party's identity document.
- Proof of banking details.

# **Legal Persons**

- Proof of establishing document.
- Completed Beneficial owner/Related party form, available on www.bcis.co.za, for each authorised signatory and copy of Identity
  document for each.
- Proof of banking details.

| THIRD PARTY INFOR                               | MATION                |                              |   |                              |
|---|-----------------------|------------------------------|---|------------------------------|
| First Name/s and Surname                        | e/Registered Name     | of Legal Person              |   |                              |
| Date of Birth/Incorporation                     | on DD/MM              | / Y Y Y Y Country            | of Birth/Incorporation                  |                              |
| Identity/Registration Num                       | ber                   |                              |   | OR                           |
| Passport (if foreign nation                     | al)                   |                              |   |                              |
| Number  |                       |                              |   |                              |
| Expiry Date                                     | DD/MM                 | / Y Y Y Y                    |   |                              |
| Country   |                       |                              |   |                              |
| Address   |                       |                              |   | Postal Code                  |
|   |                       |                              |   |                              |
| Email address                                   |                       |                              | Mobile                                  |                              |
| Occupation                                      |                       |                              |   |                              |
| Self-employed                                   | Yes                   | No                           |   |                              |
| Source of Funds                                 |                       |                              |   |                              |
| Third party banking detail                      | ils                   |                              |   |                              |
| Account Holder                                  |                       |                              |   |                              |
| Name of Bank                                    |                       |                              |   |                              |
| Branch Name                                     |                       |                              | Branch Code                             |                              |
| Account Number                                  |                       |                              |   |                              |
| Account Type                                    | Current               | Savings                      | Transmission                            |                              |
| DECLARATION                                     |                       |                              |   |                              |
| I instruct and authorise Bosection 4.           | outique Collective Ir | vestments or its agents to d | raw direct debits against my bank accou | nt as per the instruction in |
| Signature of bank accou<br>authorised signatory | int holder/           |                              | Date D                                  | / M M / Y Y Y Y              |
| Name of signatory                               |                       |                              |   |                              |







#### FEES AND FUND INFORMATION

#### \* Including VAT | 0% Initial fees

| FundName                      | JSE                       | Class | Fund Objective   | Regulation<br>28 Fund | Risk                      | Distribution<br>Frequency | Benchmark  | Performance Fee | Max Initial<br>Advice<br>Fee* | Service<br>Fee* | Max<br>allowed<br>Net Equity<br>Exposure |
|-------------------------------|---------------------------|-------|--|-----------------------|---------------------------|---------------------------|--|-----------------|-------------------------------|-----------------|--|
|                               | BCI UNIT TRUST FUND RANGE |       |  |                       |                           |                           |  |                 |                               |                 |  |
| Granate BCI Active Bond Fund  | GRABFB                    | В     | To provide investors with a high income return.  | Yes                   | Conservative/<br>Moderate | Quarterly                 | 70% FTSE JSE All Bond<br>Index (ALBI), 20% FTSE/<br>JSE Inflation-Linked<br>Government Index, 10%<br>SteFI | None            | 3.45%                         | 0.52%           | 0%                                       |
| Granate BCI Balanced Fund     | GSBFB                     | В     | To deliver long-term capital growth by investing in a broad range of asset classes.                | Yes                   | Moderate/<br>Aggressive   | Semi-<br>Annually         | CPI + 5% p.a.  | None            | 3.45%                         | 0.98%           | 75%                                      |
| Granate BCI Flexible Fund     | GSFFB                     | В     | To provide investors with medium to long-term capital growth.                                      | No                    | Moderate/<br>Aggressive   | Semi-<br>Annually         | CPI + 6% p.a.  | None            | 3.45%                         | 0.98%           | 100%                                     |
| Granate BCI Money Market Fund | RSMMB                     | В     | To obtain as high a level of current income as is consistent with capital stability and liquidity. | Yes                   | Low                       | Monthly                   | SteFl Composite Index  | None            | 3.45%                         | 0.29%           | 0%                                       |
| Granate BCI Multi Income Fund | RSMIB                     | В     | To outperform money market and traditional income portfolios over the medium to longer term.       | Yes                   | Conservative              | Quarterly                 | SteFI Composite Index + 1% p.a.  | None            | 3.45%                         | 0.58%           | 10%                                      |

#### **Conflict of Interest**

The Investment manager earns a portion of the service charge and performance fees where applicable.

In some instances portfolios invest in other portfolios which forms part of the BCI Schemes, refer to fact sheets for more details.

Collective Investment Schemes in Securities (CIS) are generally medium to long term investments. The value of participatory interests may go down as well as up and past performance is not necessarily a guide to the future. Fluctuations or movements in exchange rates may cause the value of underlying international investments to go up or down. CIS are traded at ruling prices and can engage in borrowing and scrip lending. A schedule of fees and charges and maximum commissions is available on request from the company/scheme. Commission and incentives may be paid and if so, would be included in the overall costs. Forward pricing is used. For Money Market Funds a constant price will be maintained. While a constant price is maintained the investment capital is not guaranteed. A fund of funds is a portfolio that invests in portfolios of collective investment schemes, which levy their own charges, which could result in a higher fee structure for these portfolios. A feeder fund is a portfolio that invests in a single portfolio of collective







investment schemes, which levies its own charges and which could result in a higher fee structure for the feeder fund. Income funds derive their income from interest-bearing instruments in accordance with Section 100(2) of the Act. The yield is a current yield and is calculated daily. Different classes of units apply to these portfolios and are subject to different fees and charges. Boutique Collective Investments (RF) (Pty) Ltd is a member of the Association for Savings & Investment SA (ASISA).