



**Unit Trust Application Form**  
**Individual Investors (new investors only)**

**1. Investor details**

All fields in section 1 are mandatory.

Title \_\_\_\_\_ First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth \_\_\_\_\_ (ddmmccyy) Country of birth \_\_\_\_\_

Citizenship \_\_\_\_\_

Other Citizenship \_\_\_\_\_

Identity number \_\_\_\_\_

**OR** Passport (if foreign national): \_\_\_\_\_ **OR** Social security number \_\_\_\_\_

Number \_\_\_\_\_

Expiry date \_\_\_\_\_

(ddmmccyy)

Country \_\_\_\_\_

Occupation \_\_\_\_\_

Self Employed Yes  No

If yes, what is the nature of your self employment \_\_\_\_\_

Email address \_\_\_\_\_

Residential address \_\_\_\_\_

Postal code \_\_\_\_\_

Country \_\_\_\_\_

Contact numbers	International dialling code	Area code	Number
Telephone (work) - <i>optional</i>			
Telephone (home) - <i>optional</i>			
Cell/Mobile		n.a.	

Please specify your regular source of income

Salary  Inheritance  Bonus  Pension or Provident Fund

Savings  Other (Specify) \_\_\_\_\_

**2. Investor classification (only the following parties need to complete this section)**

Please mark the applicable option with an "X", and complete where necessary

Sanlam Group Employee pay code \_\_\_\_\_

Sanlam Private Wealth (SPW)

Sanlam Private Wealth (SPW) Portfolio Managers BDA Number \_\_\_\_\_

Initial \_\_\_\_\_









## Form A Appoint a financial adviser / broker

Complete and submit this section with your investment application form if you received advice from a financial adviser.

### Important information

Only one financial adviser is applicable per investor.  
All fees are explained in the Minimum Disclosure Document (MDD).

#### Initial advice fee

- Maximum amounts payable as an initial advice fee are explained in the MDD's.
- Initial advice fees are applied to each contribution and deducted before the investment is made on your Client Account.

#### On-going advice fee

- This annual advice fee is not applicable to funds or classes where a trailer fee is already included in the service fee.
- The annual advice fee is calculated on the daily market value of the investment portfolio, paid to the financial adviser monthly. It is paid in arrears and from the sale of units from the investor's client account, thereby reducing the units.

### Financial adviser details

I wish to appoint the following financial adviser as the preferred adviser on all my Sanlam Collective Investment Accounts.

Adviser / Broker code \_\_\_\_\_

Full name(s) \_\_\_\_\_ Surname \_\_\_\_\_

### Fee instruction

I agree to pay the following Initial and On-going Advice Fee (excluding VAT).

Unit Trust Fund Name	Initial Advice Fee %	On-going Advice Fee %

- If you do not fill in any fees, it will default to 0%.
- If the fund selected does not allow an On-going advice fee, the fee will default to 0%.
- If you have selected a fee greater than that of the fund's maximum, the fee will default to the fund's maximum.
- Any fees indicated on this form will be applied to all future transactions.

Signature of investor \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory\* \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory\* \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

\*Authorised signatories acting on behalf of the investor (e.g. parents / guardians of a minor and persons authorised to act on behalf of the investor).

Initial \_\_\_\_\_

## Sanlam financial adviser / broker declaration

### Sanlam financial adviser:

#### Financial advice

It is the adviser's responsibility to complete the advice documents for this transaction and forward them, with this application form, to Sanlam.

#### FICA declaration

I confirm that I have identified the investor of this application, as well as the person acting on their behalf (if applicable). I have verified their identity in line with the requirements of the Financial Intelligence Centre Act, 38 of 2001 ("FICA"), and any legislation, regulations or guidelines related to it.

Copies of these documents are attached.

Does this application replace the whole or part of an existing product?                      Yes  No

If "Yes", please provide a completed replacement advice record with the FAIS documents.

\_\_\_\_\_  
**Signature of Sanlam financial adviser**

### Broker:

#### FSP license

I declare that I am a licensed financial services provider or a representative of a financial service provider. I am authorised to sell unit trusts.

FSP license number: \_\_\_\_\_

#### FICA declaration

I confirm that I have identified the investor of this application, as well as the person acting on their behalf (if applicable). I have verified their identity in line with the requirements of the Financial Intelligence Centre Act, 38 of 2001 ("FICA"), and any legislation, regulations or guidelines related to it.

Copies of these documents are attached.

\_\_\_\_\_  
**Signature of broker**

Initial \_\_\_\_\_



## Form B Authorisation from bank account holder

- Complete and submit this section if the payment is from a third party's bank account.
- Copy of Identity document is required for the third party payer.

Investor name and surname \_\_\_\_\_

### Third Party information

Title \_\_\_\_\_ First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Date of birth \_\_\_\_\_ (ddmmccyy) Country of birth \_\_\_\_\_

ID number \_\_\_\_\_

**OR** Passport (if foreign national): **OR** Social security number \_\_\_\_\_

Number \_\_\_\_\_

Expiry date \_\_\_\_\_

(ddmmccyy)

Country \_\_\_\_\_

Residential address \_\_\_\_\_

Postal code \_\_\_\_\_

Country \_\_\_\_\_

Email address \_\_\_\_\_

Cell / Mobile \_\_\_\_\_

Relationship to investor \_\_\_\_\_

Occupation \_\_\_\_\_

Self Employed Yes  No

If yes, what is the nature of your self-employment \_\_\_\_\_

Please specify where the funds for this investment come from.

Salary  Inheritance  Savings  Bonus  Other (Specify) \_\_\_\_\_

### Third Party banking details

Bank account holder \_\_\_\_\_

Name of bank \_\_\_\_\_

Account number \_\_\_\_\_

Name of branch \_\_\_\_\_

Branch code \_\_\_\_\_

Type of account Current  Savings

### Declaration

I instruct and authorise Sanlam or its agents to draw direct debits against my bank account as per the instruction in section 3 and 5.

Signature of bank account holder \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory on bank account \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Initial \_\_\_\_\_





## Form C Authorisation to act on behalf of an Investor

### Important information

- This form must be completed by **all** parties stated in the [FICA document](#).
- Each person is required to complete the sections below. In the event that more than one page is required, copies of this section can be made and must accompany the fully completed application form.
- Documents must be provided as stated in the [FICA document](#).

Investor name and surname \_\_\_\_\_

### Personal details

Title \_\_\_\_\_ First name(s) \_\_\_\_\_

Surname \_\_\_\_\_

Permanent residential address \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_

Date of birth \_\_\_\_\_ (ddmmccyy) Country of birth \_\_\_\_\_

ID number \_\_\_\_\_

**OR** Passport (if foreign national): \_\_\_\_\_ **OR** Social security number \_\_\_\_\_

Number \_\_\_\_\_

Expiry date \_\_\_\_\_

Country \_\_\_\_\_ (ddmmccyy)

Country \_\_\_\_\_

Email address \_\_\_\_\_

Cell / Mobile \_\_\_\_\_

Relationship (e.g. parent, guardian) \_\_\_\_\_

Primary country of tax residence \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

Are you a registered tax payer of any country other than your primary country of residence? Yes  No

If "Yes" please complete the information below for each country of tax residency.

Country of tax residence	Tax Identification Number	OR	Reason Tax Number not Applicable

### Declaration and signature

I certify that the information I have provided above is true and correct.

\*Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

\*Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

\*Only authorised signatories acting on behalf of the investor must sign (e.g. parent, guardian, etc.)

Initial \_\_\_\_\_