

Investment Application for Legal Entities

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 (www.primeinvestments.co.za) 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 4: Process payment

- Banking details will be provided upon completion of the Customer Due Diligence process.
- Upon payment, please provide us with proof of payment of your investment contribution

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.

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STEP 2: Complete your application

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

STEP 3: Send us your documents

Please include:

- Completed application for Legal Entities
- FICA documents as detailed in the **Acceptable Forms of Verification document**
- 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 (bank statement, letter from the bank etc.), not older than 3 months
- Proof of tax registration
- Dividend Withholdings Tax Exemption Form (if applicable)
- CRS and FATCA Entity and/or Individual Self-certification Form (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).

COLLECTIVE INVESTMENT SCHEMES (UNIT TRUSTS)

1. Investor Details

Entity Registered Name

Registration Number

Type of Entity Listed Company Unlisted Company Partnership Retirement Fund
 Non Profit Organisation Trust Sole Proprietor Close Corporation

Other

Physical Address

Code

Postal Address

Code

Email

Are you a South African Resident? Yes No

If "No" what is your country of residency?

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.

Are you incorporated or organised or do you have a place of effective management outside South Africa? Yes No

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

If "Yes" for the above 2 questions, please complete a **CRS & FATCA Self-certification Form** for entities.

Do any of the controlling persons of the entity:

a. have tax obligations, tax liabilities or tax residencies outside of South Africa; OR Yes No

b. hold citizenship or nationalities outside South Africa (including US citizenship), or are they a US person or US national? Yes No

If "Yes" for the above 2 questions, 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)

Physical Address

Code

Tel (Home) Tel (Mobile)

Tel (Work)

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 OR 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)
Total			

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

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:

Abbreviated Name as registered with the bank:

Address:

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

Account Holder Physical Address (if not the same as the Investors)

Code

Debit Order Amount

Commencement Date

Preferred Collection Date 1st of month 25th of month

Annual Debit Order Escalation 0% 5% 10% 15% 20%

Debit Order Collection Frequency Monthly Quarterly Bi-Annually Annually

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

Account Name

Account No. Bank

Branch Branch Code

Type of Account Current Savings Transmission

Is the above account the account of the Investor Yes No

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 abovementioned 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?

Financial Advisor Name	<input type="text"/>
Financial Advisor Code	<input type="text"/>

Tel (Mobile) Tel (Work)

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 No 37 of 2002 (FAIS) 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 sections 21, 21(A),21(B),21(C), 21(D), 21(E), 21(F), 21(G), and 21(H) of the Financial Intelligence Centre Amendment Act No. 1 of 2017 (“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 sections 21, 21(A), 21(B), 21(C),21(D), 21(E), 21(F), 21(G),and 21(H) of FICA, the identity of every Investor on whose behalf I will be establishing business relationships or conducting single transactions. I further warrant that I will keep records of such identification in accordance with sections 22 and22(A) of FICA.
4. I authorise the Administrator to accept instructions by 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.
5. I understand that the Administrator and Product Provider cares about my privacy and that in order to provide me with its services, the Product Provider, Administrator and its service providers have to process the personal information provided to them in this application. The Product Provider, Administrator and its service providers will treat the personal information with caution and have put reasonable security measures in place to protect it.

Signature of Financial Advisor

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

1. 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).
2. I/we understand the purposes for which my/our personal information is required and for which it will be used and I/we expressly and voluntary consent to the use of my/our personal information and give my/our permission to process my/our personal information as detailed further in the Information Document.
3. I understand that the Product Provider and Administrator cares about my privacy and that in order to provide me with its services, the Product Provider, Administrator and its service providers have to process the personal information provided to them in this application. The Product Provider, Administrator and its service providers will treat the personal information with caution and have put reasonable security measures in place to protect it.
4. Should I be married in community of property in terms of the Matrimonial Property Act, I declare that, prior to the signature date of this instruction, I have obtained the consent of my spouse to use the monies to facilitate this investment.
5. I confirm that the residential address provided will be the Domicilium Citandi et Executandi, all letters and notices served on this address will be deemed to have been received by me and accept that I am responsible for updating this address to ensure I receive all notifications as and when they are issued by the Insurer and/or the administrator. I may change my residential address by providing written notice to the Administrator.

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