

**CONFIDENTIAL**

To: Client Services  
 Coronation Management Company Limited      Fax: (021) 680 2116  
 PO Box 44684      Email: advisorservice@coronation.co.za  
 Claremont  
 7735

I/We hereby apply for appointment as a sub broker to an intermediary to promote and market the Selected Products of Coronation as defined in the Terms and Conditions for the Intermediary indicated in Section A.

**A PRODUCT SELECTION**

Please indicate which products you are applying for:

- |   |                           |
|---|---------------------------|
| <input type="checkbox"/> Local Unit Trust Funds                   | Current House Code: _____ |
| <input type="checkbox"/> International Global Opportunities Funds | Current House Code: _____ |
| <input type="checkbox"/> Life and Retirement Products             | Current House Code: _____ |

**B CORPORATE INFORMATION**

Registered Name of Business: \_\_\_\_\_  
 Trading Name: \_\_\_\_\_  
 Registration Number: \_\_\_\_\_ Income Tax Number: \_\_\_\_\_  
 VAT Number: \_\_\_\_\_ FSP License Number: \_\_\_\_\_  
 (Attach a copy of license and annexure detailing the conditions and restrictions)  
 Office Address (Physical): \_\_\_\_\_  
 \_\_\_\_\_  
 Office Address (Postal): \_\_\_\_\_  
 Telephone Number: \_\_\_\_\_ Fax Number: \_\_\_\_\_  
 Cell Number: \_\_\_\_\_  
 E-mail Address: \_\_\_\_\_ Website Address: \_\_\_\_\_  
 Business Status:  Sole Proprietor/Natural Person  Pty (Ltd)  Partnership  Close Corporation  Public Company  
 Other (specify): \_\_\_\_\_

**C INFORMATION REQUIREMENTS AND SUPPORTING DOCUMENTATION**

(Copies of the supporting documentation is sufficient as long as all text and photographs are clear and legible)

Information to be specified in respect of each representative and key information of the financial advisor on behalf of the entity:

- |   |                       |
|---|-----------------------|
| • Person's full names                                     | • Physical address    |
| • Identity number or passport number for non-SA residents | • Contact particulars |
| • Date of birth   | • E-mail address      |

Supporting documents required:

1. Copy of ID document (SA residents) / passport (foreign nationals)
2. Proof of residential address (e.g. bank statement, utility bill or telephone account less than three months old)

**D LIST OF REPRESENTATIVES AND KEY INDIVIDUALS OF THE ADVISOR**

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

ID or Passport number (if foreign national): \_\_\_\_\_ *Please attach a certified copy of your ID or Passport*

FSP License Number: \_\_\_\_\_ *(Attach a copy of license and annexure detailing the conditions and restrictions)*

Email Address: \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

ID or Passport number (if foreign national): \_\_\_\_\_ *Please attach a certified copy of your ID or Passport*

FSP License Number: \_\_\_\_\_ *(Attach a copy of license and annexure detailing the conditions and restrictions)*

Email Address: \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

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Email Address: \_\_\_\_\_

Title: \_\_\_\_\_ Surname: \_\_\_\_\_

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Title: \_\_\_\_\_ Surname: \_\_\_\_\_

First name(s): \_\_\_\_\_

ID or Passport number (if foreign national): \_\_\_\_\_ *Please attach a certified copy of your ID or Passport*

FSP License Number: \_\_\_\_\_ *(Attach a copy of license and annexure detailing the conditions and restrictions)*

Email Address: \_\_\_\_\_

*If there are additional advisors, these should be provided on an extra page.*

## **E** PAYMENT OF FEES

Applicable to local funds:

Instructions for re-investment of fees payable by Coronation Management Company Limited in respect of the Selected Products as referred to in item A (A) 1 of Annexure A on the Intermediary's Terms and Conditions.

Please note that only one fund may be selected:

- |   |  |   |   |
|---|--|---|---|
| <input type="checkbox"/> Absolute Fund                    | <input type="checkbox"/> Financial Fund          | <input type="checkbox"/> Global Capital Plus [ZAR] Fund | <input type="checkbox"/> SA Capital Plus Fund |
| <input type="checkbox"/> Balanced Defensive Fund          | <input type="checkbox"/> Global Emerging Markets | <input type="checkbox"/> Jibar Plus Fund                | <input type="checkbox"/> Market Plus Fund     |
| <input type="checkbox"/> Smaller Companies Fund           | <input type="checkbox"/> Flexible [ZAR] Fund     | <input type="checkbox"/> Balanced Plus Fund             | <input type="checkbox"/> Optimal Income Fund  |
| <input type="checkbox"/> Strategic Income Fund            | <input type="checkbox"/> Bond Fund               | <input type="checkbox"/> Global Managed [ZAR] Fund      | <input type="checkbox"/> Optimum Growth Fund  |
| <input type="checkbox"/> Top 20 Fund                      | <input type="checkbox"/> Capital Plus Fund       | <input type="checkbox"/> Industrial Fund                | <input type="checkbox"/> Property Equity Fund |
| <input type="checkbox"/> World Equity [ZAR] Fund of Funds |  | <input type="checkbox"/> Equity Fund                    | <input type="checkbox"/> Resources Fund       |

All funds listed above refer to the A-Class of the respective funds, except for the Bond Fund and Smaller Companies Fund which refers to the R-Class.

Payment of fees for the International Global Opportunities Funds will be paid directly into the intermediary's bank account.

## **F** LOCAL BANKING DETAILS

These banking details will be used for the local unit trust funds, life and retirement products per the Selected Products listed in items A (A) 1, 2, and 3 of Annexure A detailed on the Intermediary's Terms and Conditions.

Name of bank: \_\_\_\_\_ Account number: \_\_\_\_\_

Branch name: \_\_\_\_\_ Branch code: \_\_\_\_\_

Type of account:      Current       Transmission       Savings

Name of account holder: \_\_\_\_\_

Signature of investor/authorised person\*: \_\_\_\_\_

\* Please forward proof of authorisation.

Name of authorised person: \_\_\_\_\_

Capacity of authorised person: \_\_\_\_\_

**Please note: A cancelled cheque or recent bank statement must accompany this application.**

**Any changes to the banking details must be forwarded in writing to Coronation, together with proof.**

**Payments will not be made to third-party accounts, including credit cards and money market accounts.**

## **G** OFFSHORE BANKING DETAILS

These banking details will be used for the Global Opportunities Funds per the Selected Products listed in items A (A) 4 of Annexure A detailed on the Intermediary's Terms and Conditions.

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_  
\_\_\_\_\_

Branch/Sort code: \_\_\_\_\_ Swift code: \_\_\_\_\_

Account name: \_\_\_\_\_

Account number: \_\_\_\_\_ Account currency: \_\_\_\_\_

### Correspondent Bank Account Details

Bank name: \_\_\_\_\_

Bank address: \_\_\_\_\_  
\_\_\_\_\_

Branch name: \_\_\_\_\_ Branch/Sort code: \_\_\_\_\_

Swift code: \_\_\_\_\_ IBAN: \_\_\_\_\_

Account holder: \_\_\_\_\_

Account number: \_\_\_\_\_ Account currency: \_\_\_\_\_

Signature of authorised person\*: \_\_\_\_\_

*\*Please forward proof of authorisation.*

Name of authorised person: \_\_\_\_\_

Capacity of authorised person: \_\_\_\_\_

**Please note: A cancelled cheque or recent bank statement must accompany this application.**

**Any changes to the banking details must be forwarded in writing to Coronation, together with proof.**

**Payments will not be made to third-party accounts, including credit cards and money market accounts.**

### **H** DECLARATION

I/We hereby consent, where this is applicable to me/us as registered VAT vendor(s), to the use by Coronation Management Company Limited of self-invoicing, and confirm that I/we will not issue tax invoices, debit notes or credit notes in respect of the fees payable to me/us by Coronation Management Company Limited.

I/We warrant the above information to be correct. Coronation shall not be liable for any loss or damage suffered on account of incorrect information provided by me/us or as a result of a change in my/our information or my/our misrepresentation or my/our involvement in any fraudulent act.

I/We undertake to advise Coronation in writing should any of the details completed herein change subsequent to signature hereof by me/us.

I/We further acknowledge that this Application Form, together with the original Intermediary Form as well as the Terms and Conditions attached to it, form the basis on which Coronation appoints me/us, and I/we agree to be bound by the said Terms and Conditions.

I/We accept that Coronation may authorise my/our identity via a credit bureau.

I/We accept that Coronation reserves the right to not appoint me/us as a sub broker to the Intermediary for whatever reason.

I/We acknowledge and accept that the Agreement will only be concluded when an authorised representative of Coronation has signed this Intermediary Sub Broker Application Form and I/we have received confirmation in writing from Coronation that the Agreement has been concluded.

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_ Capacity: \_\_\_\_\_

Authorised signatories: \_\_\_\_\_

### **I** ACCEPTANCE BY CORONATION – FOR OFFICE USE ONLY

Date: \_\_\_\_\_ Place: \_\_\_\_\_

Name: \_\_\_\_\_ Name: \_\_\_\_\_

Capacity: \_\_\_\_\_ Capacity: \_\_\_\_\_

Signed: \_\_\_\_\_ Approved: \_\_\_\_\_