

- > Please send the completed form and documentation to 086 677 0007 (fax) or transact@coronation.co.za
- Should you have any queries kindly call us on 0800 22 11 77 or email clientservice@coronation.co.za

I/We hereby apply for appointment as a financial advisory/adviser to promote and market the Selected Products of Coronation. Expression used herein are defined in the Terms and Conditions for Appointment as Financial Advisory/Adviser (Annexure A).

A: CORPORATE INFORMATION	
Registered name of business:	
Trading name:	
Registration number:	
FSP license number:	(Attach a copy of license and annexure detailing the conditions and restrictions)
Income tax number:	VAT number:
Office postal address:	
	Code:
Office residential address:	
	Code:
Telephone number: ()	Fax number: ()
Cellphone number: ()	
Email address:	
Business status: Sole proprietor/Natural	person Pty (Ltd) Close corporation Partnership
Public company Other specify:	

B: AUTHORISED SIGNATORIES

To be completed by managers, close corporation members, partners and persons authorised to transact on behalf of the entity. e.g. Persons with power of attorney or mandate acting on behalf of the entity.

Signatory 1	
Title: Surname:	
First name(s):	
ID or Passport number (if foreign national):	
Postal address:	
Residential address:	
	Code:
Home telephone number: ()	Work telephone number: ()
Cellphone number: ()	_ Fax number: ()
Email address:	



Capacity:			
Signature of authorised signatory:	SIGN WITHIN THE BOX		
Date: [d] /	[m] / [y]		
Signatory 2			
First name(s):			
ID or Passport number (if foreign national):			
Postal address:			
		Code:	
Residential address:			
		Code:	
	Work telephone number: (
	Fax number: ()		
Email address:			
Signature of authorised signatory:	SIGN WITHIN THE BOX		
Date: [d] /	[m] / [y]		
C: LIST ADVISERS			
Each adviser please attach a copy of	D document. Refer to section D.		
Adviser 1			
First name(s):			
ID or Passport number (if foreign national): Work telephone number: ()			
)	
Email address:			
Adviser 2			
Title: Surname:	Title: Surname:		
First name(s):			
ID or Passport number (if foreign national):			
Cellphone number: ()	Cellphone number: () Work telephone number: ()		
Email address:			



Adviser 3	
Title: Surname:	
First name(s):	
ID or Passport number (if foreign national):	
Cellphone number: () Work teleph	one number: ()
Email address:	
Adviser 4	
Title: Surname:	
First name(s):	
ID or Passport number (if foreign national):	
Cellphone number: () Work teleph	one number: ()
Email address:	
Adviser 5	
Title: Surname:	
First name(s):	
ID or Passport number (if foreign national):	
Cellphone number: () Work teleph	
Email address:	
D: REQUIRED DOCUMENTATION	
D: REQUIRED DOCUMENTATION Please send the following documents to transact@coronation.co.za or 086 67	7 0007 (fax):
Please send the following documents to transact@coronation.co.za or 086 67	entities:
Please send the following documents to transact@coronation.co.za or 086 67 Required for companies, close corporations, partnerships and other legal	entities:
Please send the following documents to transact@coronation.co.za or 086 67 Required for companies, close corporations, partnerships and other legal Proof of VAT number (e.g. any SARS issued document bearing name and	entities: VAT number)
Please send the following documents to transact@coronation.co.za or 086 67 Required for companies, close corporations, partnerships and other legal Proof of VAT number (e.g. any SARS issued document bearing name and Proof of registered address (e.g. registration documents)	entities: VAT number)
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Please send the following documents to transact@coronation.co.za or 086 67 Required for companies, close corporations, partnerships and other legal Proof of VAT number (e.g. any SARS issued document bearing name and Proof of registered address (e.g. registration documents) Proof of business address (e.g. bank statement, utility bill or telephone Proof of trading name (e.g. copy of a letterhead) Proof of banking details (e.g. bank statement or cancelled cheque less to the statement of the statement	entities: VAT number) account less than three months old) han three months old) ed Office and Postal Address (CM22)
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	Person's full names
	Residential address and contact particulars, including e-mail address
	Date of birth
	Identity number or passport number for non-SA residents
	Copy of ID document (SA residents) / passport (foreign nationals)
faı	natural person:
	Person's full names
	Residential address and contact particulars, including e-mail address
	Date of birth
	Identity number or passport number for non-SA residents
	Copy of ID document (SA residents) / passport (foreign nationals)
fa	company / foreign company / close corporation / partnership / trust:
	Registered name and registration number (if applicable)
	Trading name and proof of trading name (e.g. copy of a letterhead)
	Registered address and proof of registered address (e.g. registration documents
	Business address and proof of business address (e.g. bank statement, utility bill or telephone account less than three months old)
	Contact name and contact particulars
	Legal form
Requ	uired for SA companies:
	Copy of Certificate of Incorporation (CM1) and Copy of Notice of Registered Office and Postal Address (CM22)/Copy of Registration Certificate (CoR14.3)
Requ	uired for foreign companies:
	Copy of official document issued by an authority for recording the incorporation of companies
Requ	uired for close corporations:
	Founding Statement and Certificate of Incorporation (CK1) and Amended Founding Statement (CK2)
Requ	uired for partnerships:
	Copy of partnership agreement
Requ	uired for other legal entities:
	Copy of constitution or founding document
Requ	uired for trusts:
	Copy of trust deed and authority given by the Master of the High Court

E: PRODUCT SELECTION

Please indicate which products you are applying for:

Local Unit Trust Funds and Tax-Free Investments

International Global Opportunities Funds

Life and Retirement Products

F: PAYMENT OF FEES

You may choose to have your fees earned on the Local Unit Trust Funds invested into one of our funds. If this is not selected, the fees will be paid to the bank account detailed in section G.

If you wish to re-invest your fees, please provide your investor number

or complete an investor application form to have one created for you. Instructions for re-investment of fees payable by Coronation Management Company (RF) (Pty) Ltd ("Coronation") in respect of the Selected Products as referred to in Item A (A) 1 of Annexure A of the attached Terms and Conditions.

Please note that only one fund may be selected:

FUND NAME

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

Payments of fees for all other products will be paid directly into the bank account specified in section G or H as applicable.

G: LOCAL BANK DETAILS

These banking details will be used for the local unit trust funds, tax-free investments, life and retirement products per the selected products listed in items A (A) 1,2 and 3 of Annexure A detailed on the attached Terms and conditions.

Bank:	Account number:	
Branch name:	Branch code:	
Type of account: Current/Cheque Savings		
Account holder name:		
Signature of investor or authorised representative*: * Please forward proof of authorisation	SIGN WITHIN THE BOX	
A cancelled cheque or recent bank statement must accompany this application. Any changes to the bank details must be forwarded in writing to Coronation, together with proof. Payments will not be made to third party accounts, credit cards, money market accounts or bond accounts.		



H: OFFSHORE BANK DETAILS			
These banking details will be used for the Global Opport detailed on the attached Terms and conditions.	rtunities Funds per the selected products listed in items A (A) 4 of Annexure A		
Bank name:			
Bank address:			
Branch/sort code:	Swift code:		
Account holder name:			
Account number:	Account currency:		
Correspondent bank account details			
Bank name:			
Bank address:			
Branch name:	Branch/Sort code:		
Swift code:	IBAN:		
Account holder name:			
Account number:	Account currency:		
Signature of authorised person*: * Please forward proof of authorisation	SIGN WITHIN THE BOX		
Name of authorised person:			
Capacity of authorised person:			
	nust accompany this application. rded in writing to Coronation, together with proof. Ints, credit cards, money market accounts or bond accounts.		



H: DECLARATION

l/We

- > hereby consent, where this is applicable to me/us as registered VAT vendor(s), to the use by Coronation 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.
- > undertake to advise Coronation in writing of changes in VAT vendor status.
- > 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.
- > undertake to advise Coronation in writing should any of the details completed herein change subsequent to signature hereof by me/us.
- > further acknowledge and accept that this Application form, together with the Terms and Conditions (Annexure A), form the basis on which Coronation appoints me/us, and I/we agree to be bound by the said Terms and Conditions.
- > accept that Coronation may authorise my/our identity via a credit bureau.
- > accept that Coronation reserves the right to not appoint me/us as financial adviser for whatever reason.
- > acknowledge and accept that the Agreement will only be concluded when when an authorised representative of Coronation has signed this Finanacial Adviser Form and I/we have received confirmation in writing from Coronation that the Agreement has been concluded.

Signed at:	on this	day of	year
1st Signatory:		SIGN WITHIN THE BOX	
Date: [d] / [m] /	[y]		
2nd Signatory:		SIGN WITHIN THE BOX	
Date: [d] / [m] /	[y]		

I: NOTES/ADDTIONAL INSTRUCTIONS

ACCEPTANCE BY CORONATION - FOR OFFICE USE ONLY		
Date:	Place:	
Name:	Name:	
Capacity:	Capacity:	
Signed:	Signed:	