FINANCIAL ADVISORY AND ADVISER





- > 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

Expressions used herein are defined in the Terms and Conditions for Appointment as Financial Advisory/Adviser (Annexure A).



Please note that changes can be made at advisory level and adviser level. Please provide the relevant advisory/adviser number for each product.

| Existing advisory information | |
|--|-------------------------------------|
| | |
| South African Unit Trust Funds and Tax-Free Investments | Advisory number: |
| Offshore Investment Funds | Advisory number: |
| Life and Retirement Products | Advisory number: |
| Trading name: | |
| Registration number: | |
| FSP license number: | |
| New advisory information Please complete only the information that you would like to ha | ve updated. |
| Business status: Sole proprietor Company | Close corporation Partnership Trust |
| Registered name of business: | |
| Trading name: | |
| Registration number: | |
| Income tax number: | |
| Vat registered? Yes No If yes, VAT number: | |
| Office postal address: | |
| | Postal code: |
| Office physical address: | |
| | Postal code: |
| | |
| | Cellphone number: () |
| | |



B: UPDATE FINANCIAL ADVISER DETAILS If an adviser has had a change of name, please attach a copy of the ID document bearing ID number and photograph. If applicable, a copy of the adviser's marriage certificate will be required. Adviser 1 South African Unit Trust Funds and Tax-Free Investments Adviser number: Offshore Investment Funds Adviser number: Life and Retirement Products Adviser number: New details Please complete only the information that you would like to have updated. Title: Surname: First name(s): ___ ID or Passport number (if foreign national): Income tax number: __ Cellphone number: (_____) _____ Work telephone number: (____) ____ Email address: Adviser 2 South African Unit Trust Funds and Tax-Free Investments Adviser number: Offshore Investment Funds Adviser number: Life and Retirement Products Adviser number: New details Please complete only the information that you would like to have updated. Surname: First name(s): ID or Passport number (if foreign national): ___ Income tax number: ___ Cellphone number: (_____) Work telephone number: (_____) Email address: Adviser 3 South African Unit Trust Funds and Tax-Free Investments Adviser number: Offshore Investment Funds Adviser number: Life and Retirement Products Adviser number: New details Please complete only the information that you would like to have updated. Surname: Title: _ First name(s): ID or Passport number (if foreign national): Income tax number: Cellphone number: (_____) _____ Work telephone number: (____) ____ Email address:



| : UPDATE COMMUNICATION PREFEREN | NCES | |
|--|--|---|
| mail correspondence and notifications relati | ing to client transaction processing to be sent to: | |
| Financial adviser or Other: | | |
| mail correspondence relating to advice fee | payments to be sent to: | |
| Financial adviser or Other: | | |
| | | |
| : UPDATE FUND CHOICE FOR ADVISER | R FEE RE-INVESTMENT | |
| ou may have to choose to have your fees ear ees will be paid to the bank account detailed | rned on the Local Unit Trust Funds invested into one of our ${\bf f}$ in section E. | r funds. If this is not selected, the |
| ocal Unit Trust Funds and Tax-Free Investme | ents Adviser number: | |
| | ave one created for you. Instructions for re-investment of ation") in respect of the Selected Products as referred to i | |
| FUND NAME | | % Per Fund |
| | | 9 |
| | | 9 |
| und and Industrial Fund which refer to P-Class. | pective funds, except for Bond Fund and Smaller Companies Fund e paid directly into the bank account specified in section E | |
| und and Industrial Fund which refer to P-Class. | | |
| ayments of fees for all other products will be a second by the control of the con | | E or F as applicable. |
| ayments of fees for all other products will be be be be be being details will be be roducts listed in items A (A) 1,2 and 3 of An Advisory and all advisers | e paid directly into the bank account specified in section E cal unit trust funds, tax-free investments, life and retirent enexure A on the attached Terms and conditions. | E or F as applicable. ment products per the selected |
| ayments of fees for all other products will be a second by the control of the con | e paid directly into the bank account specified in section E cal unit trust funds, tax-free investments, life and retire inexure A on the attached Terms and conditions. Advisory number: | E or F as applicable. |
| ayments of fees for all other products will be be be be be being details will be used for the low products listed in items A (A) 1,2 and 3 of An Advisory and all advisers Retirement and Life Products Local Unit Trust Funds | e paid directly into the bank account specified in section E cal unit trust funds, tax-free investments, life and retire nexure A on the attached Terms and conditions. Advisory number: Advisory number: | E or F as applicable. |
| ayments of fees for all other products will be be be be be being details will be be roducts listed in items A (A) 1,2 and 3 of An Advisory and all advisers Retirement and Life Products Local Unit Trust Funds | e paid directly into the bank account specified in section E cal unit trust funds, tax-free investments, life and retire inexure A on the attached Terms and conditions. Advisory number: | E or F as applicable. |
| ayments of fees for all other products will be a support of the local street of the lo | e paid directly into the bank account specified in section E cal unit trust funds, tax-free investments, life and retirent mexure A on the attached Terms and conditions. Advisory number: Advisory number: | E or F as applicable. |
| ayments of fees for all other products will be a secount holder name: ayments of fees for all other products will be ayments of fees for all other products will be asset for the local banking details will be used for the local details will be used for the local details and all advisers Retirement and Life Products Local Unit Trust Funds Specify unit trust adviser number(s): | e paid directly into the bank account specified in section E cal unit trust funds, tax-free investments, life and retirent inexure A on the attached Terms and conditions. Advisory number: Advisory number: Account number: | E or F as applicable. |
| ayments of fees for all other products will be a secount holder name: ayments of fees for all other products will be ayments of fees for all other products will be asset for the local banking details will be used for the local details will be used for the local details and all advisers Retirement and Life Products Local Unit Trust Funds Specify unit trust adviser number(s): | e paid directly into the bank account specified in section E cal unit trust funds, tax-free investments, life and retirent mexure A on the attached Terms and conditions. Advisory number: Advisory number: | E or F as applicable. |



| F: UPDATE OFFSHORE BANK DETAILS | | | | |
|---|--|--|--|--|
| These banking details will be used for the Offshore Investment Funds per the selected products listed in items A (A) 4 of Annexure A detailed on the attached Terms and conditions. | | | | |
| Advisory and all advisers | | | | |
| Specify adviser number(s): | | | | |
| Beneficiary Bank Account Details | | | | |
| Bank name: | | | | |
| Bank address: | | | | |
| Branch name: | Branch/sort code: | | | |
| SWIFT code: | IBAN: | | | |
| Account holder name: | | | | |
| Account number: | Account currency: | | | |
| Correspondent Bank Account Details | | | | |
| (A correspondent bank acts as a point of contact for another bank agency). | n a country or state where the second bank does not have a branch or | | | |
| Bank: | | | | |
| Bank address: | | | | |
| Branch name: | SWIFT code: | | | |
| Signature of authorised signatory*: * Please forward proof of authorisation | N THE BOX | | | |
| Proof of new banking details (e.g. bank statement or cance All payments from Coronation will be electronically transfe | | | | |



G: UPDATE AUTHORISED SIGNATORIES

| To be completed by m | anagers, close | e corporation mem | bers, partner | s and persons | authorised to | transact on b | ehalf of t | he entity |
|-----------------------|----------------|-------------------|----------------|---------------|---------------|---------------|------------|-----------|
| e.g. Persons with pow | er of attorney | or mandate acting | g on behalf of | the entity. | | | | |



Please attach a copy of ID document and utility bill of the authorised signatory.

| ull Name | Contact Number | Email Address | Signature |
|---|---|------------------------------------|---|
| | | | |
| | | | |
| | | | |
| | | | |
| | | | |
| ease indicate whethe | er you require a joint signing autho | ority by making an election below | v: |
| | ronation to only action instructions | , , , | v: dviser numbers signed by all authorised |
| We instruct Co | ronation to only action instructions ned above. ronation to action instructions to ch | to change details and issue new ac | |
| We instruct Co signatories nan We instruct Co signatories nan | ronation to only action instructions ned above. ronation to action instructions to ch | to change details and issue new ac | dviser numbers signed by all authorised |

H: DECLARATION

I/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.
- > 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.

| Signed at: | on this | day of | year |
|---------------------------|---------|--------------------|------|
| 1st Authorised Signatory: | | SIGN WITHIN THE BC |)X |
| 2nd Authorised Signatory: | | SIGN WITHIN THE BC |)X |



| I: SUPPORTING DOCUMENTATION |
|--|
| (Copies of the supporting documentation are sufficient as long as all text and photographs are clear and legible). |
| The following outlines the supporting documentation required in terms of FICA, as well as other documents required by Coronation. This documentation is necessary in order for Coronation to verify details listed in this application form. |
| Proof of VAT number (e.g. any SARS issued document bearing name and VAT number) |
| Proof of business address (e.g. bank statement, utility bill or telephone account less than three months old) |
| Proof of trading name (e.g. copy of a letterhead) |
| PLUS, whichever one of the below that is applicable: |
| South African companies: |
| Certificate of Incorporation (CM1/COR14.3) |
| Most recent CM29/COR39 |
| Certificate of Name Change (CM9) (where applicable) |
| Foreign companies: |
| Official document from foreign regulator reflecting name, registration number and address, and any name changes since incorporation |
| Close corporations: |
| Amended Founding Statement (CK2) (where applicable) or Certificate of Incorporation |
| Partnerships: |
| Partnership Agreement |
| Trusts: |
| Trust Deed and Letter of Authority issued by the Master of the High Court |