



Boutique Collective Investments (RF) (Pty) Ltd administers the BCI unit trusts. It is authorised to do so as a Manager, in terms of the Collective Investment Schemes Control Act. In this document it will be referred to as "BCI".

IMPORTANT INFORMATION

1. This form is to be used by existing investors only.
2. Please read the Terms and Conditions that apply to this investment. This is available from your financial adviser, the Client Service Centre or at www.bcis.co.za.
3. Please fax the completed form to our Client Service Centre - (011) 263 6152, or email instructions@bci-transact.co.za.
 - Proof of new address if address changed

SECTION 1: CURRENT INVESTOR DETAILS

BCI Investor Number / Client Account Number

Title

Surname / Entity Name (e.g company or trust)

Name of Investor / authorised contact person

ID or passport number / Registration number

Telephone numbers
 Home Work
 Mobile

Email address

Residential / Physical / Registered address

Postal Code

Postal address (if different from above)

Postal Code

SECTION 2: UPDATE INVESTOR DETAILS

Information completed below will be updated on our system if different from that which we have on record.

Title

Surname / Entity (e.g company or trust) Name

Name of Investor / authorised contact person

Please confirm which contact details you would like us to update: Home Work Mobile Email

Telephone numbers
 Home Work
 Mobile

Email address

Please confirm which address you would like us to update: Residential Postal Both

Residential / Physical / Registered address

Postal Code

Postal address (if different from above)

Postal Code

SECTION 3: CORRESPONDENCE METHOD

We will send you, or the person acting on your behalf, the following types of correspondence:

- + Investment statements, tax certificates
- + Transaction confirmations when you transact on your account

Please select how you would like to receive the above correspondence: Email Post

+ Instruction Notifications Email SMS

SECTION 4: BANKING / PAYMENT DETAILS

All payments are made electronically to the current, transmission or savings bank account of the registered investor only. No payments will be made to credit card or market-linked accounts. No Third Party bank accounts are permitted.

Debit orders will be collected on the 1st or the 15th of each month.

Debit orders are applied on the 1st or the 15th of each month. If the selected day falls on a weekend or public holiday it will be effected on the next business day. The cut-off for all debit order notices to be processed in a particular month is by 14:00, five business days before the selected day.

Would you like this bank account change to apply to **all** your recurring debit orders: Yes No

If No, please indicate the unit portfolio/s to which the changes is to apply in the table below:

Unit Trust Portfolio	OR	Account number
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>
<input type="text"/>		<input type="text"/>

Bank account details

Account Holder	<input type="text"/>												
Bank	<input type="text"/>												
Branch Name	<input type="text"/>								Branch code	<input type="text"/>			
Account Number	<input type="text"/>												
Account Type	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	<input type="checkbox"/> Transmission										
Date for change of bank details to become effective:	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	
Please confirm debit order change:	<input type="checkbox"/> Increase	<input type="checkbox"/> Decrease	<input type="checkbox"/> Cancel										
	R	<input type="text"/>											
Effective date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	

Would you like this bank account change to apply to **all** your recurring withdrawal and income distribution payment instructions: Y N

If No, please indicate the unit portfolio/s and transaction type to which the changes is to apply in the table below:

Unit Trust Portfolio Name	Account Number	Recurring withdrawal ✓	Income distribution ✓
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N
<input type="text"/>	<input type="text"/>	<input type="checkbox"/> Y <input type="checkbox"/> N	<input type="checkbox"/> Y <input type="checkbox"/> N

Please indicate how we should administer the income distributed from your unit trust portfolio/s in future.

Unit Trust Portfolio Name	Payout ✓	or	Reinvest ✓
<input type="text"/>	<input type="checkbox"/> Payout		<input type="checkbox"/> Reinvest
<input type="text"/>	<input type="checkbox"/> Payout		<input type="checkbox"/> Reinvest
<input type="text"/>	<input type="checkbox"/> Payout		<input type="checkbox"/> Reinvest
<input type="text"/>	<input type="checkbox"/> Payout		<input type="checkbox"/> Reinvest

Declaration

- + I confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.
- + I have read, understood and agree to the Terms and Conditions.

Signature of investor(s) / legal guardian	<input type="text"/>	Date	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	/	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
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CONTACT DETAILS

+ **Physical Address**
 Boutique Collective Investments
 Catnia Building
 Bella Rosa Village
 Bella Rosa Street
 Bellville
 7530

Contact us
 Tel: +27 (0)87 057 0571 | +27 (0)21 914 1880 | Fax: +27 (0)86 502 5319
 Email: clientservices@bcis.co.za | Visit our website: www.bcis.co.za

Should you have any complaints, please send an email to complaints@bcis.co.za

 AN ORDINARY MEMBER OF THE ASSOCIATION FOR SAVINGS & INVESTMENT SA

+ **Custodian / Trustee**
 The Standard Bank of South Africa Limited
 Tel: +27 (0)21 441 4100