

INVESTOR DETAILS UPDATE FORM
INDIVIDUALS / ENTITY

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 required documents to the Client Service Centre at (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
	Mobile	Work		

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 CHOICE

In order to view and access the below documents, please register for online access, alternatively email clientservices@bcis.co.za.

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

Online Access (Will enable you to view your statements / correspondence, upload instructions and transact online)

Would you like to transact online? Yes No

Would you like viewing access only? Yes No

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	Account number

Bank account details

Account Holder

Bank

Branch Name

Branch code

Account Number

Account Type Current

Savings

Transmission

Date for change of bank details to become effective:

DD / MM / YYYY

Please confirm debit order change:

Increase

Decrease

Cancel

R

Effective date

DD / MM / YYYY

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 ✓	
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>
		Yes <input type="checkbox"/>	No <input type="checkbox"/>	Yes <input type="checkbox"/>	No <input type="checkbox"/>

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

Unit Trust Portfolio Name	Account Number	Payout ✓		OR	Reinvest ✓	
		Payout <input type="checkbox"/>	<input type="checkbox"/>		Reinvest <input type="checkbox"/>	<input type="checkbox"/>
		Payout <input type="checkbox"/>	<input type="checkbox"/>		Reinvest <input type="checkbox"/>	<input type="checkbox"/>
		Payout <input type="checkbox"/>	<input type="checkbox"/>		Reinvest <input type="checkbox"/>	<input type="checkbox"/>

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) or legal guardian

Date DD / MM / YYYY

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 | compliance@bcis.co.za |
Visit our website: www.bcis.co.za

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

+ Custodian / Trustee

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

ASISV

AN ORDINARY MEMBER OF THE ASSOCIATION FOR SAVINGS & INVESTMENT SA

Initial _____