

Instructions

1. This application and supporting documentation must be emailed to instruct@ashburtoninvest.co.za.
2. Please complete all relevant sections of this application in order for us to process this investment.
3. Terms and Conditions are available on our website at www.ashburtoninvestments.com, from your Financial Advisor or call our Advice Suite on 0860 274 287. By signing this form you acknowledge that you have read and understood these, and that you will be bound by such Terms and Conditions.
4. All valid instructions received before 2pm on a business day, will be processed on the same day and receive the closing price of the following business day.
5. Documentation required in order for us to process your application:
 - a. Please refer to the Checklist available on our website for Financial Intelligence Centre Act (Act No. 38 of 2001) ("FICA") documents required.
 - b. Proof of deposit
 - c. Proof of bank details
 - d. If you are investing in a Personal Share Portfolio please complete the addendum which is available on our website.
6. The Administrator will only process this application when all required documents are received and, if applicable, the deposit reflects in the bank account specified at the end of this form or your latest statement from the transferring fund.

The investor/financial services provider ("FSP")/authorised representative hereby agrees to provide all documentation and information required in terms of FICA, and understands that the Administrator is prohibited from processing any transaction on his/her behalf until all such documentation and information has been provided and the Administrator has satisfied itself that all requirements have been met.

FNB Investor Services Proprietary Limited ("Administrator"), Registration Number 2011/139123/07, is an authorised administrative financial services provider (FSP Number 44341) and is the administrator of this investment.

1. Investor details

Investor ID: _____ Contract number:

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Individual investor

Title: _____ Surname: _____
 First name(s): _____
 ID/Passport number:

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 Date of birth:

Y	Y	Y	Y	M	M	D	D
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 Telephone number:

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Person acting on behalf of investor

Title: _____ Surname: _____
 First name(s): _____
 ID/Passport number:

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 Date of birth:

Y	Y	Y	Y	M	M	D	D
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 Telephone number:

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Legal entities

Registered name: _____
 Registration number (company, close corporation, trust, etc.)

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 Telephone number:

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2. Source of funds

Please indicate the source of funds:

- | | | | |
|--|--|---|--|
| <input type="checkbox"/> Existing Investor Platform account | <input type="checkbox"/> Sale of investments | <input type="checkbox"/> Savings/Bank account | <input type="checkbox"/> Property sale |
| <input type="checkbox"/> Transfer from other financial services provider | <input type="checkbox"/> Inheritance | <input type="checkbox"/> Assets of trust/Investment company | <input type="checkbox"/> Salary |
| <input type="checkbox"/> Bonus | | | |

Other (specify): _____

Please note that in certain circumstances we may request additional information.

3. Payment details and bank debit authority

If you are investing only in Ashburton funds only, the minimum investment is R5 000. If you are investing in third party funds, the minimum investment is R25 000. The minimum monthly debit order amount is R500.

Please select the relevant option:

- 1. Electronic/internet transfer (banking details will be supplied once your application has been accepted)
- 2. Electronic collection by the Administrator/once-off debit (maximum R1 000 000)
- 3. Recurring debit order investment
- 4. Unit transfer (complete Unit Transfer form)

Lump sum investment

Investment amount: R

If you require a phase-in, please specify the immediate investment percentage _____ %, the balance to be phased-in over _____ months (between 3 and 24).

If the Administrator is collecting the money from the specified bank account, indicate the once-off debit date. Please sign the debit authority below.

Y	Y	Y	Y	M	M	D	D
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Recurring debit order investment

Recurring debit order investment amount: R

Debit order frequency:

- Monthly
- Quarterly
- Half-yearly
- Annually

Debit order deduction date:

01 or 16 or 21 or 26 of

Please note that if no debit order deduction date is selected by the investor the first of the month will be used.

Next escalation date:

Annual escalation: _____ %

Debit order and once-off debit authority

If the bank account for debit orders is different to the one specified in Section 4, please complete the bank details for debit orders and/or once off debits here.

Please supply proof of bank details (a cancelled cheque or relevant bank statement or letter on bank's letterhead with bank stamp).

Name of bank: _____

Branch code:

Branch name: _____

Account name: _____

Country: _____

Account no.:

Type of account:

- Current
- Savings

I hereby authorise the Administrator to draw direct debits or the specified once-off debit amount against the bank account specified. Direct debits can only be processed from a South African bank account. Units bought with a direct debit can only be redeemed after forty (40) calendar days. If the bank account holder is not the same as the investor (3rd party contribution) then the actual account holder must sign below as authority to debit their bank account and must provide full FICA documentation as per the requirements listed in the Checklist available on our website. If the bank account holder is not the investor, he/she acknowledges that the Administrator does not make third party payments, payment will only be made to the investor unless the investor is a minor.

The Administrator will debit your account within two (2) business days of receiving a valid and complete application and supporting documents or on the date specified on the application form.

In the event that the collection day falls on a Sunday or a recognised South African public holiday, the collection day will automatically be the next ordinary business day.

I agree that although this authority and mandate may be cancelled by me, such cancellation will not cancel this FNB Investment Account. I shall not be entitled to any refund of amounts which the Administrator has withdrawn while this authority was in force. I acknowledge that this authority may be ceded or assigned to a third party if this FNB Investment Account is also ceded or assigned to that third party, but in the absence of such assignment of this FNB Investment Account, this authority and mandate cannot be assigned to any third party.

Please note that the reference for the direct debit on your bank account will be “<FNB Invest><Investor ID-Contract number>”.

Please ensure that the account the Administrator is debiting allows debits.

Signature of investor/bank account holder: _____

Date:

Y	Y	Y	Y	M	M	D	D
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4. Investment allocation

Lump sum allocation

Instrument name	Recurring %
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
	%
Ashburton Money Market Fund - Fee Account*	%
Total	100%

*Where you have selected to invest in a Personal Share Portfolio, a minimum of 2% of the lump sum investment amount must be allocated to the Ashburton Money Market Fund – Fee Account from which the administrator will deduct the annual administration fee and advice fee.

6. Declaration by investor

By signing this application form, the investor declares that:

1. I warrant that all information and declarations provided by me in this form and all supporting documentation in connection with this application are true, correct and accurate in every respect.
2. I have read, understood and agree to the Terms and Conditions available on www.ashburtoninvestments.com or from the Client Service Team on 0860 274 287 and agree to be bound by such Terms and Conditions.
3. I confirm that the Administrator has not given me any advice in respect of the tax, legal, accounting, regulatory and/or financial consequences of investing in this investment.
4. I confirm that the money that I am investing in terms of this application form is not derived from the proceeds of any unlawful activities as defined and contemplated in the Prevention of Organised Crime Act, (Act No. 121 of 1998) ("POCA").
5. I fully understand the information and the risks that come with this investment and where I have a financial advisor, I confirm that the information on this investment product has been fully and adequately explained to me by my financial advisor.
6. I agree and understand that if I have elected not to have a financial advisor that the Administrator is unable to provide updates on legal changes and/or industry developments, and that the Administrator will not be monitoring my investment compared to my personal investment goals.
7. I have carefully read, understood and accept the latest Terms and Conditions and confirm that the FNB Investment Account is based upon the Terms and Conditions, this application form and all supporting documentation as per the Checklist.
8. Your existing fee structure will apply. If you would like a different initial fee for this transaction, please specify it below, excluding VAT.

Initial fee (max 3%, excluding VAT): _____ %

Signed at _____

Date:

Y	Y	Y	Y	M	M	D	D
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Signature of investor (or duly authorised person(s) where applicable): _____

Signature of person acting on behalf of investor (if applicable): _____

Capacity of person acting on behalf of investor: _____

7. Investment Account bank account details

Bank: First National Bank
Account name: Client Inflows Trust Account
Branch code: 250655
Branch name: FNB Universal code
Account number: 62379936770
Reference number: Your ID number if a new client or your Investor ID if you are an existing investor.