



TRANSFER 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.

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 Email address
Signature of transferor Date D / M M / Y Y Y Y
SECTION 2: INVESTMENT TRANSFER DETAILS
Would you like all your units to be transferred:
If No, Please indicate how your unit trust portfolio/s should be transferred in the table below:
Unit Trust Portfolio Account number Total amounts
R or units or %
R or units or %
R or units or %
TOTAL R units
The transfer of participatory interests is automatically classified as a Capital Gains Tax event. If you are transferring ownership to your spouse, you may choose to have the event rolled over to the transferee. Please note that the spouse must be a resident in terms of South African Tax Law.
Roll over CGT event for this transfer:
SECTION 3: INVESTOR DETAILS TRANSFERING TO
If transferee is not an existing unit trust account holder, please complete an application form and forward to us with all your FICA documentation.
BCI Entity / 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 Work
Mobile Nobile
Email address
Residential / Physical / Registered address
Postal Code Postal Code
Postal address (if different from above)
Postal Code Postal Code

CECTION 4 CORRECTO	VIDE	NC	- NAI	r T L	IOD																									
SECTION 4 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:																														
-├ Instruction Notifications																														
SECTION 5: BANKING DETAILS																														
Distribution Payments																														
Distributions to be re-invested OR Distributions paid into account as per the 'Investor bank account details below'																														
Account Holder																														
Name of Bank																														
Branch Name																		Bra	anch	code	ē		\bot	\mathbb{L}	\perp	\perp	\prod	\Box		
Account Number																							\bot	\mathbb{L}	\perp	\perp	\prod	\Box		
Account Type		Current Savings Transmission																												
Debit Order Details																														
Total to be collected R		commencing on the 1st OR 15th of M M / Y Y Y Y													Υ															
Debit orders are applied on the 1st or the 1st hof 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.																														
SECTION 6: INVESTOR 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 Date D D / M M / Y D														Υ	Υ	Υ														
CONTACT DETAILS																														
Physical Address Boutique Collective Invest Catnia Building Bella Rosa Village Bella Rosa Street Bellville 7530	Contact us Tel: +27 (0)21 007 1500/1/2 +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 ASISU AN ORDINARY MEMBER OF THE ASSOCIATION FOR SAVINGS & INVESTMENT SA																													
-¦- Custodian / Trustee The Standard Bank of Sou Tel: +27 (0)21 441 4100	th Afr	ʻica Li	.imite	d																										