

Instructions

- Please complete this form if you are acting on behalf of the investor e.g. legal guardians or persons with power of attorney.
- FICA documents must be supplied for the persons acting on behalf of the investor. Please refer to our Checklist obtained on our website at www.ashburtoninvestments.com.
- Submit this form, together with the application or relevant instruction form, and email to instruct@ashburtoninvest.co.za.

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

Title: _____ Surname: _____

First name(s): _____

Identity/Passport number:

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 Date of birth:

Y	Y	Y	Y	M	M	D	D
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Country of issue of passport: _____ Expiry date of passport:

Y	Y	Y	Y	M	M	D	D
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2. Person acting on behalf of investor

Title: _____ Surname: _____

First name(s): _____

Identity/Passport number:

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 Date of birth:

Y	Y	Y	Y	M	M	D	D
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Country of issue of passport: _____ Expiry date of passport:

Y	Y	Y	Y	M	M	D	D
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Please list all your tax registration details below. Note that line 1 is reserved for South African tax registration details.

No.	Tax identification number	Country of issue	Are you considered to be a citizen in this country?		Are you considered to be a national in this country?		Are you currently a tax resident in this country?	
1		South Africa	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
2			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
3			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
4			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
5			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No
6			<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No	<input type="checkbox"/> Yes	<input type="checkbox"/> No

Office number:

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Home number:

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Mobile number:

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Email address: _____

By signing this form you declare that:

1. I warrant that all information provided by me in this form and all other applicable documents are true and correct 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.

Signature of person acting on behalf of investor: _____

Date:

Y	Y	Y	Y	M	M	D	D
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