

ONLY TO BE COMPLETED IF THE 3RD PARTY IS A CORPORATE ENTITY



Third party mandate for companies

Please return to:

We recognise the fact that some clients do need us to act on instructions given by parties other than themselves and completion of this form will enable us to do so. However, you should carefully consider the consequences of providing any other party with authority to administer your financial affairs and we recommend that you consult your legal adviser if you have any doubts about doing so.

Ashburton (Jersey) Limited
PO Box 239
IFC1
The Esplanade
St Helier
Jersey
JE4 8SJ
Channel Islands

Please complete in BLOCK CAPITALS.

To: Ashburton (Jersey) Limited

Client Number:

You are hereby authorised to accept instructions on my/our account from the party detailed in the following third party mandate. This authority is to remain in force until rescinded by me/us in writing or our demise.

Instructions may include, but are not limited to, the selling, converting, transferring or purchasing of additional shares in my/our own name(s).

In consideration for you acting from time to time upon instructions signed by the specified third party, I/we hereby agree to indemnify and hold you harmless in respect of all claims, actions, damages, proceedings, costs and expenses suffered or incurred by you as a result, direct or otherwise, of you acting upon such request.

The document must be signed in accordance with the mandate held in our records.

IF FILLING OUT THIS FORM ELECTRONICALLY, PLEASE ENSURE YOU PRINT A HARD COPY AND THEN SIGN.

01. Client details

Client 1

Title	Last name	Forename	Middle name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Client 2

Title	Last name	Forename	Middle name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Client 3

Title	Last name	Forename	Middle name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Client 4

Title	Last name	Forename	Middle name(s)
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

Client signature 1

Client signature 2

Client signature 3

Client signature 4

Date

Date

Date

Date

02. Witness details

The witness needs to be independent from the account holders and it's strongly recommended that the witness is also independent from all parties to this authority.

Title Last name Forename Middle name(s) Former/Maiden names

Residential address (PO Box is not acceptable)

Country Postcode Email address

Telephone number (home) Telephone number (work)

Mobile number

Witness Signature

Dated this day of year

03. Third party details

Please advise your relationship to the client mentioned in section 01.

Name of entity/organisation

If an Ashburton approved intermediary please quote the INT code

Country of incorporation/organisation

Permanent registered address (please do not use a P.O. Box or "care of" address)

Town Country Postcode

Correspondence address

Town Country Postcode

04. Signing authority

The authorised signatory list of the corporate entity is attached and dated _____ The corporate entity confirms that if they update the signatory list an original or certified copy will immediately be forwarded to Ashburton.

Instructions received from the corporate entity will be signed by:

Any one of us Any two of us All of us Other

(Please tick as appropriate).

By completing this third party mandate you consent to the processing of your personal details and other information in accordance with the data protection notice which is set out in the Prospectus of Ashburton Investments SICAV, Ashburton Replica Portfolio Limited, Ashburton Emerging Markets Funds Limited or Ashburton Money Market Funds Limited, as appropriate.

Our privacy policy can be found at www.ashburtoninvestments.com/int/privacy

Signed

Name

Date

| D | D | M | M | Y | Y | Y | Y |

Signed

Name

Date

| D | D | M | M | Y | Y | Y | Y |

Signed

Name

Date

| D | D | M | M | Y | Y | Y | Y |

Signed

Name

Date

| D | D | M | M | Y | Y | Y | Y |

Please note that until such time all satisfactory documentation has been received and accepted, as detailed in section 5, it will not be possible to accept instructions given under this Third Party Mandate.

Required for corporate entities who do not have a relationship with Ashburton.

For a corporate entity that does not have an existing relationship with Ashburton, the following documentation is required.

(Please tick when attached)

- A certified true copy of your Regulatory / Supervisory Body Registration Certificate
- A certified true copy of your company's Memorandum, Articles of Association and Certificate of Incorporation
- Register of Directors, Secretary and Shareholders
- List of Authorised Signatories (dated within the last three months)
- Certified copies of Passport / ID and address verification for all authorised signatories, directors, Secretary and shareholders

Please submit one supporting document from section A and one from section B for all parties who exercise control over the account. All copies of identification must be certified by a suitable individual (for details of suitable certifiers, see below*).

Please note that in certain circumstances we may request additional documentation from any party included in this agreement.

Section A: Personal identity

- Full, clear, current, copy of passport. Showing a clear photograph, bearer's signature and expiry date. To be certified as a true copy with the following wording: "Certified as a true copy of the original and true likeness of the individual".

Section B: Evidence of current residential address (original or certified copy). PO Boxes are not acceptable.

- Utility bill (within last 3 months, mobile bills and credit card statements are not acceptable)
- Tenancy Contract or agreement
- Written record of a visit to the address by a Director, Officer or Manager of the FirstRand Group
- Correspondence from a central or local government department or agency
- Bank statement from a reputable bank Documents that have been used for identification can not be used for residential address verification.
- Full valid driving licence
- European Economic Area Member State Identity Card

*Suitable certifiers include: (For any additional information see "Document certification guidance" leaflet)

- Lawyer or Notary Public or Accountant holding a registered professional qualification,
- Director, officer or manager of a regulated financial services business i.e. recognised bank or building society branch,
- An embassy, consulate or high commission of the country of issue of documentary evidence of identity,
 - (i) A member of the judiciary, a senior civil servant or a serving police officer or customs officer,
 - (ii) An Actuary.

(Certifiers should state they have seen the original document and that it is a complete and true copy of the original. See additional confirmation required regarding identity documents above. Quote full name, position, contact details and official stamp.)