

Third party mandate for individuals

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 person 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:

It's essential that you keep Ashburton informed if there are any changes to your situation or wishes so that your investment can continue to be managed and protected.

You are hereby authorised to accept instructions on my/our account from the person(s) detailed in the following third party mandate. This authority is to remain in force until removed 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 parties, 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 third party.

Title	Last name	Forename	Middle name(s)	Former/Maiden names
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Residential address (PO Box is not acceptable)				
<input type="text"/>				
Country	Postcode		Email address	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Telephone number (home)	Telephone number (work)			
<input type="text"/>	<input type="text"/>			
Mobile number	<input type="text"/>			
Witness Signature				
<input type="text"/>				
Dated this	day of	year		
<input type="text"/>	<input type="text"/>	<input type="text"/>		

03. Third party details

Third party 1

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

Title	Last name	Forename	Middle name(s)	Former/Maiden names
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Date of birth	Town/City of birth		Country of birth	
<input type="text"/>	<input type="text"/>		<input type="text"/>	
Country of domicile	Nationality/Dual nationality (if held)			
<input type="text"/>	<input type="text"/>			
If you are resident outside your country of birth, do you still have any financial connection with your country of birth?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If yes please provide details:				
<input type="text"/>				
<input type="text"/>				
Have you, a family member or close associate ever been a Politically Exposed Person (PEP)?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have you ever been entrusted with a prominent public function?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
Have commission or consultancy fees ever been a source of wealth?				
<input type="checkbox"/> Yes <input type="checkbox"/> No				
If you have answered yes to any of the questions above, please provide a full explanation. Further documentary evidence may be required. (Please continue on a separate piece of paper if required)				
<input type="text"/>				
<input type="text"/>				

03. Third party details (continued)

Residential address (PO Box is not acceptable)

Country Postcode Email address

Telephone number (home) Telephone number (work)

Mobile number

Postal address (for mailing if different to above)

Country Postcode

Employed Self-employed Retired (Please provide details of last employment)

Other: please provide further details _____

Name of employer Employer's business

Job title / position held Length of service

Declaration of US citizenship or US residence

Please tick to confirm.

I confirm that I am not a US citizen or resident in the US for tax purposes.

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

Third party 2

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

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

Date of birth Town/City of birth Country of birth

Country of domicile Nationality/Dual nationality (if held)

If you are resident outside your country of birth, do you still have any financial connection with your country of birth?

Yes No

03. Third party details (continued)

If yes please provide details:

Have you, a family member or close associate ever been a Politically Exposed Person (PEP)?

Yes No

Have you ever been entrusted with a prominent public function?

Yes No

Have commission or consultancy fees ever been a source of wealth?

Yes No

If you have answered yes to any of the questions above, please provide a full explanation. Further documentary evidence may be required. (Please continue on a separate piece of paper if required)

Residential Address (PO Box is not acceptable)

Country Postcode Email address

Telephone number (home) Telephone number (work)

Mobile number

Postal address (for mailing if different to above)

Country Postcode

Employed Self-employed Retired (Please provide details of last employment)

Other: please provide further details

Name of employer

Employer's business

Job title / position held

Length of service

Declaration of US citizenship or US residence

Please tick to confirm.

I confirm that I am not a US citizen or resident in the US for tax purposes.

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Signed

Name

Date

04. Signing authority

If there are any supplementary forms completed for this third party mandate please note the additional names below and attached the supplementary form(s) to this document.

Instructions will be signed by:

Any one of us Any two of us All of us

(Please tick as appropriate).

The third party(ies) must provide us with certified true copies of a relevant identification document and proof of residential address.

05. Documentation

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.)

PO Box 239, IFC1, The Esplanade, St Helier, Jersey JE4 8SJ, Channel Islands
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Web www.ashburtoninvestments.com

Ashburton Investments is a registered business name of Ashburton (Jersey) Limited. Ashburton (Jersey) Limited is regulated by the Jersey Financial Services Commission.

March 2019