

Addition of a financial advisor/assistant to an existing Financial Services Provider ("FSP") Contract

Ashburton Management Company RF (Proprietary) Ltd ("Ashburton") is the administrator of the Ashburton range of unit trusts, and is authorised to do so as a manager in terms of the Collective Investment Schemes Control Act (no 45. of 2002).

Instructions

1. Please provide a copy of the financial advisor's ID and proof of residential address (less than 3 months old).
2. Please email this form to ashburtoninstruct@investoradmin.co.za or fax to 0860 762 468.

01. FSP details

FSP ID

FSP name

02. Financial advisor details

In what capacity do you represent your FSP?

Key individual

Representative

Surname

Title

First names

Internal broker reference/ID (if required)

Identity number

Date of birth

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

Passport number

Country of issue

Tax number

Nationality

Physical address

Area code

Postal address

Postal code

Telephone number (home)

Telephone number (office)

Mobile number

Email address

03. Licensed for categories

Please indicate below which financial products your FSP is licensed and authorised to render financial services as contemplated in terms on the FAIS Act.

Description

	Category 1 (non-discretionary)	Category 2 (discretionary)
Participatory interests in Collective Investment Schemes	1.14 <input type="checkbox"/>	2.11 <input type="checkbox"/>
Retail Pension Benefits	1.5 <input type="checkbox"/>	2.3 <input type="checkbox"/>
Long-term Insurance subcategory C	1.4 <input type="checkbox"/>	2.2 <input type="checkbox"/>
Securities and Instruments: Shares	1.8 <input type="checkbox"/>	2.5 <input type="checkbox"/>
Securities and Instruments: Money market instruments	1.9 <input type="checkbox"/>	2.6 <input type="checkbox"/>
Securities and Instruments: Derivative instruments excluding warrants	1.13 <input type="checkbox"/>	2.8 <input type="checkbox"/>
Long-term deposits	1.17 <input type="checkbox"/>	2.13 <input type="checkbox"/>

You confirm that the information provided above is true and correct in terms of your FAIS license and you also agree that should your approval status change in respect of the financial products selected above that you will advise us immediately. Furthermore, you agree that where such approval is no longer in place, you will immediately cease to render financial services in terms of such financial products.

04. Secure online access

On acceptance of your application you will be granted access to the online services subject to the online terms available on www.ashburtoninvestments.com.

05. Financial advisor assistant details

Please complete in full for each financial advisor assistant. Please make copies of this section if needed.

Name of financial advisor assistant

Surname

Title First name

ID number

Date of birth

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

Passport number

Country of issue

Tax number

Nationality

Physical address

Area code

Postal address

Postal code

Telephone number (home)

Telephone number (office)

Mobile number

Email address

06. Financial advisor declaration

I declare that I have read and understood the terms of business in place with the FSP. I confirm that the above details are true and correct.

Signature of advisor

Authorised signatory of the Financial Services Provider:

Signature

Date

[Y | Y | Y | Y | M | M | D | D]

Title and full name

Signature

Date

[Y | Y | Y | Y | M | M | D | D]

Title and full name
