

Unit Trust Application Form - Legal Entity

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 complete all relevant sections of this application in order to process this investment.
- 2. Terms and conditions are available on our website at www.ashburtoninvestments.com or from our client service team on 0860 000 339. By signing this form you acknowledge that you have read and understood these and that you will be bound by such terms and conditions.
- 3. All valid instructions received before **2pm** on a business day will be processed on the same day and receive that day's closing price. If received after **2pm**, instructions will only be processed on the next business day for that day's closing price. For investments in the money market fund instructions must be received by **11am** on a business day to receive that day's closing price.
- 4. Documents required:
 - a. Please refer to the Checklist available on our website for The Financial Intelligence Centre Amendment Act, No. 1 of 2017 (FICAA) documents required
 - b. Banking details will be supplied once your application has been accepted. Once deposited, please provide proof of deposit
 - c. Please provide proof of bank details
- 5. Please email this documentation to ashburtoninstruct@investoradmin.co.za
- 6. Ashburton will only process this application when all required documents are received and the deposit reflects in the bank account specified at the end of this form.

The investor/financial services provider/representative hereby agrees to provide all documentation and information required in terms of FICAA, and understands that Ashburton is prohibited from processing any transaction on his/her behalf until all such documentation and information has been provided and Ashburton has satisfied itself that all requirements have been met.

In terms of the Foreign account tax compliance act (FATCA), we are obliged by law to ask for the information requested. You may decline the request to provide the information, however, should the requested information not be provided we advise that we will report the status of the account to the South African Revenue Service (SARS).

01. Investor details		
Details of legal entity		
New investor Existing investor (if existing Ashburton investor	estor, supply investor ID and only complete field	s marked with an asterisk*)
Investor ID		
Registered name*		
Registration number*		
Trading as name		
Country of incorporation / registration	Inception / registration date	
Registered address		
Country		A 11.0
Country		Area code
Operating address (if the same as above, please tick this box)		
Country		Area code
Postal address (if the same as registered address, please tick this box)	(if the same as operating addres	ss, please tick this box)
Country		Postal code

First name(s) and surname of contact person for entity	
Email address (please provide your email address if you require web ac	cess, or if you prefer email communication)
Contact telephone number	Mobile number*
Country dialling code (+)	Country dialling code (+)
*At least one contact number must be supplied.	
Business activity (Any expected future investments or disinvestments or	n this portfolio)
Type of entity	
If you are a US legal entity, please complete the W9 form available on the	ne IRS website www.irs.gov.
Public company Private company Clos	sed corporation Partnership Trust
Non-profit organisation Club/Unincorporated body of persons	Stokvel
Other (please specify)	
What is the entity's primary activity?	
Please provide the industrial sector in which the entity operates?	
02. Financial institutions	
If this entity is a Financial Institution (FI), please complete this sect	ion and provide the relevant IRS W-8 form
Please provide the Account Holder's Status by ticking one of the following	
A. An Investment Entity that has appointed another Financial Institution	
operations on a discretionary basis (Please supply details of ma Controlling Persons")	anaging financial institution below and complete "Appendix A:
Full Name of Managing Financial Institution	
B. Country of operation	
C. Other Investment Entity	
D. Other Financial Institutions (i.e. Depository Institution, Custodia	I Institution, or Specified Insurance Company)
Please provide the entity's Global Intermediary Identification Number (G	IIN):
If the entity does not have a GIIN but is sponsored by another entity whi	ch has a GIIN, please provide the following:
Sponsor's GIIN:	
Sponsor's Name:	Sponsor's country of operation:

If the entity does not have a GIIN or cannot provide a GIIN from a Sponsor, please specify the reason by providing the organisation's classification below:

Classification	Tick	Classification	Tick
 Participating FFI, which has applied for a GIIN and has not received a GIIN. 		v. Non-reporting FFI (e.g.Trustee Documented Trust)	
ii. Exempt Beneficial Owner (e.g. International organisation)		vi. Non-Participating FFI	
iii. Certified Deemed Compliant FFI (e.g. Investment advisor)		vii. Limited FFI	
iv. Owner Documented FFI		viii. Other, please specify below (only tick if the entity type is contained within your local jurisdiction legislation where you are tax resident)	
Other:			
If you do not know the entity's classification and have not provided a Gl	IIN, plea	se complete the relevant IRS W-8 form found on the IRS website www	irs.gov.
03. Non-Financial entities			
If the Entity is not a Financial Institution, please complete this sect	ion to a	ssist us in determining the Entity's status for FATCA and CRS pur	poses.
Trusts If you are a trust, please complete all the questions that follow (1)	-11), ot	herwise please move on to question 5:	
Has a financial institution been appointed in a fiduciary capacitation.	city to c	arry out the day to day functions of the entity and therefore the e	ntity can
be seen to be professionally managed by another Financial li	nstitutio	on? Yes No	,
2. Name of the Financial Institution (if applicable):			
GIIN of the Financial Institution (if applicable):			
4. Country of operation of managing Financial Institution:			
Note: By providing a controlling financial institution, with their Gl	IN, you	are certifying that you are a Trustee-documented trust.	
All entities (including trusts) If you are not a professionally managed trust (as indicated above	e), pleas	se answer the remaining questions (5-11).	
5. Are you a: Retirement Fund Government or wholly g	governn	nent owned Central Bank International Organisa	ation
Note: by selecting one of the above, you confirm that you are an	Exemp	ot Beneficial Owner	
6. Are you a listed company on an established securities marke	t? Lis	ted company Entity related to a listed en	ntity
	Un	listed entity (and not related to a listed entity)	
7. Are you a Non-profit organisation with a tax exemption certification	cate?	Yes No	
8. Are you a treasury center or holding company of a non-finance	cial grou	up? Yes No	
9. Did more than 50% of the entity's gross income, for its previous	us repo	orting period or calendar year, come from a passive source (e.g.	interest,
dividends, rentals, royalties, etc.)? Yes No			
10. Did more than 50% of the assets held by the entity during the	e previo	us reporting period or calendar year produce passive income or	are
otherwise held for the production of passive income? Yes	1	No	
Note: If "Listed Company" or "Entity related to a listed entity" in a questions 7 or 8; or answered "No" to both 9 and 10; you are ceryou are a Passive NFE. If you are a Passive NFE you are require Appendix A (pages 12-15).	rtifying t	that you are an Active NFE. If the opposite is true you are certifyi	0
11. Are you a Direct/Sponsored Direct Reporting NFE under FAT	TCA?	Yes No	
If "Yes" please supply the relevant GIIIN Number under which y	ou are r	reporting.	
		consored Direct Poparting NEE Kindly note that the associated (O.//N/

Note: By selecting the above, you are certifying that you are a Direct/Sponsored Direct Reporting NFE. Kindly note that the associated GIIN provided will be verified.

Important note: Should you disagree with this assessment, please complete and submit the relevant IRS W-8 or W-9 form found on the IRS website: www.irs.gov.

04. Source of funds				
Existing Ashburton account	Sale of investments Bonus	Savings/bank accou	unt Inheritanc	e Salary
Property sale Transfer fro	om other financial services provider	Loan	Assets of trust/inve	estment company
Other (please specify)	•			. ,
What is the entity's primary source of	of income?			
what is the entity's primary source of	illicome:			
How did the entity derive its total we	alth?			
Please note that in certain circum	stances we may request additional info	rmation.		
If you are acting on behalf of the inve	estor (eg legal guardian or person with pov	wer of attorney to act o	n behalf of the investo	or), please complete
the Person Acting On Behalf Of Inve	estor Form, found on our website and supp	ly the required FICAA	documentation.	
05. Tax and residency				
	withholding tax exemption declarations (in		at may be relevant to	you. Not doing so
, , ,	the incorrect withholding tax being applied			
If the entity is registered in South	Africa for tax purposes, please confirm	by ticking this box		
South African Tax Identification Num	nber (TIN)			
	, ,			
VAT registration number (if applicab	le)			
Reason for no TIN provided: Not reg	jistered Do not wish to disclose			
If the entity is registered in South Afr	rica for tax purposes the following default v	vill be applied:		
Withholding Tax on Interest will not Dividende Tax at 20% will apply (v.)		d us with the applicable	o Dividondo Toy oyom	ention declaration:
	where applicable) unless you have provided idends Tax exemption declaration from you			
be taxed at a rate of 20% despite for	orming part of your taxable income.			
	South African tax residents are exempt fro			
•	n 14 of this form and complete and sign the	·		ole to you.
If the entity is not registered in So	outh Africa for tax purposes, please con	firm by ticking this b	ox	
In which country are you registered	for tax purposes?			
Tax Identification Number (TIN)				
Reason for no TIN provided: Not rec	gistered Not issued in this jurisdiction	n Do not wish to	o disclose	
,	receive the relevant declaration from you,			
 Withholding Tax on Interest at 15% 	(where applicable);	the following defaults	wiii be арріїец.	
 Dividends Tax at 20% (where applied Distributions from Real Estate Inventor) 	icable); and estment Trusts ("REITs") will be subject to v	withholding tax at 20%		
	ntitled to a reduced rate of withholding tax f			rest nlease complete
the relevant declaration forms.	millied to a reduced rate of withholding tax i	of Dividends Tax of W	itilioiding rax on inte	rest, piease complete
* (Please refer to the Statutory Limits	s Table on the Website for information for th	hese limits.)		
Additional tax registrations:				
	ns in which you are registered for tax:			
Tax Identification Number (TIN)	Country	Reason for	no TIN (tick the relev	ant column)
		Not issued in	Not	Do not wish
		jurisdiction	registered	to disclose

06. Bank details of investor Please supply proof of bank details (a cancelled cheque; or relevant bank statement; or letter on bank's letterhead or with bank stamp). The bank account must be in the name of the investor (no 3rd party payments will be accepted). Name of bank Branch code Branch name Account name Country Account no. Type of account Savings Current All payments will be made electronically into the current or savings account of the registered investor only. If you are an emigrant and have a blocked rand account please complete the Blocked Rand Investment Form available on our website. 07. Dividends Tax SARS will levy a withholding tax on dividends at a rate of 20% (or at a rate to be determined by SARS from time to time). If you are exempt please indicate this below and complete the Tax Exempt Declaration Form available on our website and submit it along with this application. Unless the declaration is submitted the default rate of 20% will apply. Exempt from Dividends Tax 08. Communication preferences We send the following types of communications: 1. Notifications - to notify you when we have received an instruction from you regarding your investment. Would you like to receive these notifications via: Email SMS or No I would not like to receive notifications 2. Transaction confirmations and statements - transaction confirmations are to notify you on completion of an instruction received on your account, confirming details of the completed instruction. Statements are sent quarterly. Would you like to receive the transaction confirmations and statements via: Email Post Please note: If no preference is selected and an email address is provided, the default method of communication will be email. 09. Online and transact access Would you like to have online access to your portfolio? This online access will enable you to view your statements, correspondence and upload instructions. Yes On acceptance of your application you will be granted access within two business days to the online services subject to the terms and conditions available on our website. Please ensure you have completed your mobile phone and email details accurately in Section 01. No Please complete the table below for all persons requiring online access. Name of person representing ID or passport number Mobile number **Email address** legal entity

Digital Autorised Signatories

The below section will allow the authorised signatories to digitally approve redemption instructions placed online. At least two people are required and the digital approval process will be via SMS.

Please supply a copy of ID of all authorised signatories if not already provided in the FICA documents received.

Information table	Signatory A	Signatory A	Signatory B	Signatory B				
Title								
Signatory Name & Surname								
Mobile Number								
Occupation								
Country of Citizenship								
Identity Number								
Country of Residence								
Country of Birth								
Physical Address								
Postal Address								
Email Address								
10. Payment details a	nd bank debit author	rity						
The minimum investment in the investment. Please refer to our Please select the relevant optic	product filter tool which is a	s R5 000.00 per fund for a lu vailable on www.ashburtonin	mp sum investment or R500 vestments.com.	.00 per fund for a recurring				
a) Lump sum								
b) Recurring investment								
a) Lump sum								
Investment amount R								
If you are electing to phase-i	n your investment please o	complete this section:						
Investments for phase-ins will business day of the month. The by the 20th of the month the fir percentage required.	e minimum period for phase-	ins is three months and max	imum 24 months. If the phas	e-in instruction is received				
Immediate phase-in percentag	Immediate phase-in percentage % Number of phases after immediate phase-in, or total if no immediate phase-in							
Payment method								
Electronic funds transfer/direct	deposit Once-off d	ebit						
Banking details will be supplied	d once your application has b	een accepted.						
Once off debits are restricted to The alternative payment methodebit your account within two below, whichever is the later.	nd for amounts exceeding R1	000 000 is an electronic fun	ds transfer directly into our b	ank account. Ashburton will				
Once off debit date Y Y Y	Y M M D D							
b) Recurring investmen	nt							
Cut-off dates for submission of		e month for an investment or	n the 1st business day of the	following month.				
Recurring investment amount I				-				
Your bank account is debited			purchased that same busi	iness day.				
First debit order date		,		•				
Y Y Y Y M M O 1								
Annual escalation %								
Next increase date								

(The date you select here will be your anniversary date going forward. If a date is not specified the default date will be the anniversary of this initial investment.)

Debit order and once-off debit authority		
Authorised amount R		
Authorised amount in words		
If the bank account for debit orders is different to the one s Please supply proof of bank details (a cancelled cheque; or		
Name of bank		
Branch code	Branch name	
Account name	Country	
1	1 1	
Account no.	Type of account	
	Current Sav	vings
I hereby authorise Ashburton to draw direct debits against bank account. Units bought with a debit order can only be (3rd party contribution) then the actual account holder mus documentation as per the requirements listed in the Check acknowledges that Ashburton does not make third party pathat the investor is a minor. Please note that the reference	edeemed after 40 days. If the bank t sign below as authority to debit the ist available on our website. If the byments, in other words, payment wifor the debit order on your bank according to the debit order.	account holder is not the same as the investor eir bank account and must provide full FICAA eank account holder is not the investor, he/she ill only be made to the investor unless in the event
Signature of bank account holder	Date	
	[Y Y Y M	M [D [D]
11. Investment details		
For details of the Ashburton range of funds please visit our	website at www.ashburtoninvestme	ents.com.
Investment portfolio		
Unit trust name	Lump sum amount	Recurring amount
Single manager funds		
Ashburton Balanced Fund		
Ashburton Core Plus Income Fund		
Ashburton Global Flexible Fund		
Ashburton Global Leaders ZAR Equity Feeder Fund		
Ashburton India Equity Opportunity Feeder Fund		
Ashburton Money Market Fund		
Ashburton Equity Fund		
Ashburton SA Income Fund		
Ashburton Targeted Return Fund		
Ashburton Stable Income Fund		
Ashburton Diversified Income Fund		
Ashburton Bond Fund		
Ashburton Property Fund		
Multi manager funds		
Ashburton Multi Manager Bond Fund		
Ashburton Multi Manager Equity Fund		
Ashburton Multi Manager Income Fund		
Ashburton Multi Manager Property Fund		
Ashburton Multi Manager Prudential Flexible Fund		

Total

12. Income details Distribution method Please indicate how interest and dividends from your portfolio/s should be treated: Automatically re-invested into this investment (default option) Automatically paid into the bank account stipulated in Section 02 Please note that all distributions below R100 will be re-invested automatically. 13. Regular disinvestment Income amount per frequency First income payment due | Y | Y | Y | Y | M | M | 2 | 5 | Income frequency Monthly Half-yearly Quarterly Annually If you would like to receive a regular disinvestment from your funds please complete the details below. Income from your investment will be paid on the 25th of the month, unless public holiday or weekend, in which case previous business day. Please complete the table below to indicate which funds will be depleted for the regular disinvestment. Please ensure the percentage adds up to 100%. Unit trust name Amount per withdrawal Single manager funds Ashburton Balanced Fund Ashburton Core Plus Income Fund Ashburton Global Flexible Fund Ashburton Money Market Fund Ashburton Global Leaders ZAR Equity Feeder Fund Ashburton India Equity Opportunity Feeder Fund Ashburton Equity Fund Ashburton SA Income Fund Ashburton Targeted Return Fund Ashburton Stable Income Fund Ashburton Diversified Income Fund Ashburton Bond Fund Ashburton Property Fund Multi manager funds Ashburton Multi Manager Bond Fund Ashburton Multi Manager Equity Fund Ashburton Multi Manager Income Fund Ashburton Multi Manager Property Fund Ashburton Multi Manager Prudential Flexible Fund

Total

14. Financial services provider details	
I confirm that this advisor, as authorised representative of this financial s	services provider ("FSP"), is my appointed advisor;
Financial advisor name	Financial advisor code
FSP sales reference	
FSP name	FSP ID
FSP telephone (office)	FSP mobile
i diagnosi (cina)	
FSP email	
FSP address	
Discretionary mandate declaration by investor	
This section is only applicable if the FSP holds a Category II license with	the Financial Sector Conduct Authority (FSCA), and is therefore an
approved discretionary FSP, and if you have entered into a discretionary	
The paragraph below contains statements which are an acknowledgmer carefully and ensure that the statements are true and correct. The paragraph	nt of fact by the investor. The investor must read the paragraph below graph below also places various risks, liabilities, obligations and legal
responsibilities on the investor. As a result of the paragraph below, the ibe limited if Ashburton accepts, acts or relies on information and instruct	nvestor's rights and remedies against Ashburton and other persons will
rights against the investor.	
I agree and understand that in terms of the mandate that I have entered and I hereby authorise Ashburton to accept such instructions on my beh	into with the FSP, that the FSP may give Ashburton instructions directly alf. I further understand that if this mandate between myself and the
FSP is terminated, that it is my responsibility to inform Ashburton of this.	
Investor signature	Date
Investor signature	Date
Investor signature	Date Y Y Y Y M M D D
15. Confirmation of advisor fees	
15. Confirmation of advisor fees I agree to pay the following negotiated fees to my financial advisor on the	is and all future transactions until otherwise specified.
15. Confirmation of advisor fees I agree to pay the following negotiated fees to my financial advisor on the Please specify the percentage, excluding VAT.	is and all future transactions until otherwise specified.
15. Confirmation of advisor fees I agree to pay the following negotiated fees to my financial advisor on th Please specify the percentage, excluding VAT. Initial fee (max 3%, excluding VAT) Ongoing fee (max 1%, excluding VAT) %	is and all future transactions until otherwise specified.
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15. Confirmation of advisor fees I agree to pay the following negotiated fees to my financial advisor on the Please specify the percentage, excluding VAT. Initial fee (max 3%, excluding VAT) Ongoing fee (max 1%, excluding VAT) % 16. Declaration by financial services provider ("FSP") The FSP/representative, by appending his/her signature hereto, states a conditions pertaining to this investment product; warrants that all statem	is and all future transactions until otherwise specified. Ing VAT) and declares that he/she has read and understood the terms and ents given by him/her in the application form are true and correct in
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I agree to pay the following negotiated fees to my financial advisor on the Please specify the percentage, excluding VAT. Initial fee (max 3%, excluding VAT) Ongoing fee (max 1%, excluding VAT) Nongoing fee (max 1%, excluding VAT) Ongoing fee (max 1%, excluding VAT) Nongoing fee (max 1%, excl	is and all future transactions until otherwise specified. Ing VAT) and declares that he/she has read and understood the terms and ents given by him/her in the application form are true and correct in act, which is to be entered into, between the investor and Ashburton, as as regards the FSP/representative. All statements made, and details and or otherwise, are true and correct, and Ashburton is entitled to regard to invest in the account, as well as for the purposes of paying any fees to
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I agree to pay the following negotiated fees to my financial advisor on the Please specify the percentage, excluding VAT. Initial fee (max 3%, excluding VAT) Ongoing fee (max 1%, excluding VAT) Mongoing fee (max 1%, excluding VAT) Ongoing fee (max 1%, excluding VAT) Mongoing fee (max 1%, excl	is and all future transactions until otherwise specified. Ing VAT) and declares that he/she has read and understood the terms and ents given by him/her in the application form are true and correct in act, which is to be entered into, between the investor and Ashburton, as as regards the FSP/representative. All statements made, and details and or otherwise, are true and correct, and Ashburton is entitled to regard to invest in the account, as well as for the purposes of paying any fees to FAIS Act and its applicable subordinate legislation and Codes of the investor will be screened and profiled by Ashburton in terms of the all documentation such as financial statements and asset and liability
I agree to pay the following negotiated fees to my financial advisor on the Please specify the percentage, excluding VAT. Initial fee (max 3%, excluding VAT) Ongoing fee (max 1%, excluding VAT) Ongoing fee (max 1%, excluding VAT) Mathematical services provider ("FSP") The FSP/representative, by appending his/her signature hereto, states a conditions pertaining to this investment product; warrants that all stateme every respect and that such statements shall form the basis of the contras well as the contract between the investor and the FSP/representative supplied by him/her on the investor's behalf, whether by his/her own har them as such for the purposes of considering the investor's application to the FSP/representative; and has adhered to all the requirements of the FC Conduct in the course of rendering financial services to the investor. The FSP/representative further acknowledges that he/she is aware that	is and all future transactions until otherwise specified. Ing VAT) and declares that he/she has read and understood the terms and ents given by him/her in the application form are true and correct in act, which is to be entered into, between the investor and Ashburton, as as regards the FSP/representative. All statements made, and details and or otherwise, are true and correct, and Ashburton is entitled to regard to invest in the account, as well as for the purposes of paying any fees to FAIS Act and its applicable subordinate legislation and Codes of the investor will be screened and profiled by Ashburton in terms of the all documentation such as financial statements and asset and liability and by Ashburton. The FSP/representative acknowledges that he/she
I agree to pay the following negotiated fees to my financial advisor on the Please specify the percentage, excluding VAT. Initial fee (max 3%, excluding VAT) Ongoing fee (max 1%, excluding VAT) Ongoing fee (max 1%, excluding VAT) Match	is and all future transactions until otherwise specified. Ing VAT) and declares that he/she has read and understood the terms and ents given by him/her in the application form are true and correct in act, which is to be entered into, between the investor and Ashburton, as regards the FSP/representative. All statements made, and details and or otherwise, are true and correct, and Ashburton is entitled to regard o invest in the account, as well as for the purposes of paying any fees to FAIS Act and its applicable subordinate legislation and Codes of the investor will be screened and profiled by Ashburton in terms of the all documentation such as financial statements and asset and liability need by Ashburton. The FSP/representative acknowledges that he/she is investment to the investor.
I agree to pay the following negotiated fees to my financial advisor on the Please specify the percentage, excluding VAT. Initial fee (max 3%, excluding VAT) Ongoing fee (max 1%, excluding VAT) Nongoing fee (max 1%, excluding VAT) Ongoing fee (max 1%, excluding VAT) Maximum Maximu	is and all future transactions until otherwise specified. Ing VAT) and declares that he/she has read and understood the terms and ents given by him/her in the application form are true and correct in act, which is to be entered into, between the investor and Ashburton, as regards the FSP/representative. All statements made, and details and or otherwise, are true and correct, and Ashburton is entitled to regard o invest in the account, as well as for the purposes of paying any fees to FAIS Act and its applicable subordinate legislation and Codes of the investor will be screened and profiled by Ashburton in terms of the all documentation such as financial statements and asset and liability need by Ashburton. The FSP/representative acknowledges that he/she is investment to the investor.
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17. Declaration by investor

Signed at

By signing this application form, the investor declares that:

- 1. I warrant that all information and declarations provided by me in this application form and all other applicable documents to this investment 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 000 339 and agree to be bound by such terms and conditions.
- 3. I have read and understood the portion relating to the processing of my personal information in the terms and conditions. Kindly refer to our Privacy Policy located on www.ashburtoninvestments.com for more information on our privacy practices.
- 4. I hereby confirm and consent as necessary that FirstRand Limited together with its affiliates and subsidiaries as defined in terms of the Companies Act 71 of 2008, may process (collect, use or otherwise deal with) my information (including processing of my personal information outside the borders of South Africa), which was voluntarily provided by myself, for the purposes of providing services and products, according to the Terms and Conditions and requirements of the law.
- 5. I confirm that Ashburton has not given me any advice in respect of the tax, legal, accounting, regulatory and/or financial consequences of investing in this investment applied for in terms of this application form.
- 6. I confirm that the money that I am investing in terms of this application form is not derived from the proceeds of any unlawful activities as defined and contemplated in POCA.
- 7. I fully understand the information and the risks that come with this investment and where I have a financial advisor, I confirm that the information on this investment product has been fully and adequately explained to me by my financial advisor.
- 8. I agree and understand that if I have elected not to have a financial advisor that Ashburton is unable to provide updates on legal changes or industry developments, and that Ashburton will not be monitoring my investment compared to my personal investment goals
- 9. I hereby confirm and warrant that the information provided is true and correct and I hold no other citizenships and residencies for tax purposes other than those disclosed above in this application form and will inform the administrator in writing of any change of this status within 30 (thirty) days of the change of the disclosed status.
- 10. I hereby confirm that in the event that I have renounced my US citizenship, I shall furnish Ashburton with the requisite declaration/evidence.
- 11. I hereby indemnify Ashburton against any liability for any loss or damage suffered by me as a result of inaccurate or incomplete information contained herein.

Date

Signature of investor (or duly authorised person/s where applicable)
Signature of legal guardian (if applicable)
18. Marketing consent
I agree that my personal details and contact information may be used by Ashburton Investments to email me value added information that might be relevant to me subject to the following terms and conditions:
 In instances where Ashburton Investments has obtained my personal information in the context of investment purposes; For the purpose of direct marketing of Ashburton Investments's own similar products or services; and I have been given a reasonable opportunity to object, free of charge and in a manner free of unnecessary formality, to such use of my details both at the time when my personal information was first collected and each time Ashburton Investments or its related third party service provider communicates with me for marketing purposes.
1. Value added/educational information (e.g. market or investment related information)
Yes No No
2. Information about Ashburton Investments' products and services
Ves No

Please note that indicating 'No' to receiving marketing information. does not impact on receiving notifications and transaction confirmations relating to your investments, as indicated in section 05. above. If neither option is selected you will not receive any marketing information from Ashburton Investments.

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Appendix A. Controlling person details

Please ensure that this Appendix is completed for all controlling persons of the account holder. Controlling persons are defined as natural persons who exercise control over an entity.

In the case of a trust such term means:

- 1. Trustee; 2. Founder;
- 3. Settlor;
- 4. Protector;
- 5. Beneficiaries (or class of beneficiaries); and
- 6. Via other means.

	Trust name	Name of entity controlled	Trust identification number	Percentage held (%)
а				
b				
С				

Full name		Relationship (e.g. trustee, beneficiary)	Identification number/Passport number if foreign national	Percentage held (%)
а				
b				
С				
d				
е				

In the case of a private and public non listed entities other than a trust, such term means persons in equivalent or similar positions.

Generally controlling persons include: 1. Directors/Partners;

- 2. Shareholders:
- 3. Founder;
- 4. Senior managing official; and
- 5. Via other means.

Kindly provide the information below for all shareholders who hold 25% or more shares or voting rights in the company:

Table: Controlling persons who are natural persons

	Name	Surname	Identification number	Passport number if foreign national	Percentage held	Is the percentage held in shares or voting rights?	Identification or passport document attached
а							
b							
С							
d							
е							

Table: Controlling persons who are juristics/entities

	Registered name	Percentage held	held in shares or voting rights?	held in shares controls this entry?			tely owns or
				Name and Surname	Identification number	Passport number (if foreign national)	
а							
b							
С							
d							
е							

Prominent influential persons	
Do any of the incorporators/authorised individuals/beneficial own political function?	ners or controllers hold a prominent influential position in society or performs a
Yes No No	
If yes, please provide the folloing information:	
Name	
Surname	
Designation held in the entity	
Please describe the role and/or political function held by this per	rson
Source of wealth	
In respect of "A" above, the following must be completed for	or controlling persons and ultimate beneficial owners:
Related party nature of person:	
Individual Sole proprietor Par	tnership Trust Non-profit organisation
Listed company Unlisted company Clo	se corporation Retirement Fund Stokvel
Government or wholly government owned entity	ernational organisation
Other (specify)	
Physical Address	
Country	Area Code
Country of residence/operations	Date of birth
Country of birth/incorporation/organisation	
Country of citizenship (s. (for notived passes only)	
Country of citizenship/s (for natural persons only)	
Contact telephone number	Mobile number
Country dialling code (+)	Country dialling code (+)
Tax residencies/registrations/obligations	
Country	Tax registration number
Country	Tax registration number
Country	Tax registration number
Country	Tax registration number

Should you be unable to provide a Tax Registration number, please indicate in the box(es) above with one of the following reasons:

- Not registered for Tax
 Tax registration number not issued in Jurisdiction
- Do not wish to disclose

In respect of "B" above, t	the following must be comple	ted for controlli	ng persons and	d ultimate beneficial ow	ners:
Related party nature of per	rson:				
Individual	Sole proprietor	Partnership		Trust	Non-profit organisation
Listed company	Unlisted company	Close corporat	tion	Retirement Fund	Stokvel
Government or wholly gove	ernment owned entity	International o	rganisation		
Other (specify)					
Physical Address					
Country					Area Code
Country of residence/opera	ations	[Date of birth		
				M M D D	
Country of birth/incorporati	on/organisation				
Country of citizenship/s (fo	r natural persons only)				
Contact telephone number		N	Mobile number		
Country dialling code (+)		Country dialling	code (+)	
Tax residencies/registration	ns/obligations				
Country		٦	Tax registration r	number	
Country		7	Γax registration r	number	
Country		٦	Γax registration r	number	
Country		٦	Tax registration r	number	
Should you be unable to pour of the state of	rovide a Tax Registration number not issued in Jurisdiction	er, please indicat	e in the box(es)	above with one of the fol	lowing reasons:
In respect of "C" above, to	the following must be comple	ted for controlli	ng persons and	d ultimate beneficial ow	ners:
Related party nature of per	rson:				
Individual	Sole proprietor	Partnership		Trust	Non-profit organisation
Listed company	Unlisted company	Close corporat	tion	Retirement Fund	Stokvel
Government or wholly gove	ernment owned entity	International o	rganisation		
Other (specify)					
Physical Address					
Country					Area Code
Country of residence/opera	ations	[Date of birth		
				M M D D	
Country of birth/incorporati	on/organisation				
Country of citizenship/s (fo	r natural persons only)				

Contact telephone number	Mobile number				
Country dialling code (+)	Country dialling code (+)				
Tax residencies/registrations/obligations					
Country	Tax registration number				
Country	Tax registration number				
Country	Tax registration number				
Country	Tax registration number				
Should you be unable to provide a Tax Registration number, please - Not registered for Tax - Tax registration number not issued in Jurisdiction - Do not wish to disclose In respect of "D" above, the following must be completed for co Related party nature of person:					
Individual Sole proprietor Partners	Ship Trust Non-profit organisation				
	prporation Retirement Fund Stokvel				
Government or wholly government owned entity International organisation					
Other (specify)					
Physical Address					
Country	Area Code				
Country of residence/operations	Date of birth				
Country of birth/incorporation/organisation					
Country of citizenship/s (for natural persons only)					
Contact telephone number	Mobile number				
Country dialling code (+)	Country dialling code (+)				
Tax residencies/registrations/obligations					
Country	Tax registration number				
Country	Tax registration number				
Country	Tax registration number				
Country	Tax registration number				

Should you be unable to provide a Tax Registration number, please indicate in the box(es) above with one of the following reasons:

- Not registered for TaxTax registration number not issued in Jurisdiction
- Do not wish to disclose

In respect of "E" above,	the following must be comple	ted for controlling pers	ons and ultimate beneficial ov	vners:		
Related party nature of per	rson:					
Individual	Sole proprietor	Partnership	Trust	Non-profit organisation		
Listed company	Unlisted company	Close corporation	Retirement Fund	Stokvel		
Government or wholly government	ernment owned entity	International organisat	International organisation			
Other (specify)						
Physical Address						
Country				Area Code		
Country of residence/opera	ations	Date of b	pirth			
		[Y Y]	Y Y M M D D			
Country of birth/incorporati	ion/organisation					
Country of citizenship/s (fo	or natural persons only)					
Contact telephone number	r	Mobile number				
Country dialling code (+)		Country	Country dialling code (+)			
Tax residencies/registratio	ns/obligations					
Country		Tax regis	Tax registration number			
Country		Tax regis	Tax registration number			
Country		Tax regis	stration number			
Country		Tax regis	stration number			

Should you be unable to provide a Tax Registration number, please indicate in the box(es) above with one of the following reasons:
- Not registered for Tax

- Tax registration number not issued in Jurisdiction Do not wish to disclose