

# CHANGE IN INVESTOR DETAILS FORM

## IMPORTANT INFORMATION

- If you are a natural person investor, the applicable sections within this form include **Sections 1, 2, 4 and 5**.
- If you are a legal entity investor (eg. company, trust, partnership etc.), the applicable sections within this form include **Sections 1, 3, 4 and 5**.
- Please provide the relevant FICA documentation that corresponds to the updates being provided (See Annexure A), or where the documentation is different to that which was provided with your original investment.
- Please send the completed Change in Investor Details Form along with the relevant FICA to: [clientservices@realfin.co.za](mailto:clientservices@realfin.co.za)



## CONTACT DETAILS

### RealFin Collective Investment Schemes (RF) (Pty) Ltd

Tel: +27 21 701 3777

Email: [clientservices@realfin.co.za](mailto:clientservices@realfin.co.za)

Website: [www.realfin.co.za](http://www.realfin.co.za)

**Physical Address:** 347 Main Road, Kenilworth, Cape Town, 7708

**Complaints:** Should you have any complaints, please send an email to [complaints@realfin.co.za](mailto:complaints@realfin.co.za). Our Complaints Policy is available on our website: [www.realfin.co.za](http://www.realfin.co.za)

**Trustees:** FirstRand Bank Limited (acting through its RMB Trustee Services Division) is the appointed Trustee and can be contacted on 087 736 1732

## SECTION 1 | EXISTING INVESTOR DETAILS

|                        |                      |                                |                      |
|------------------------|----------------------|--------------------------------|----------------------|
| Full Name/Entity Name: | <input type="text"/> | ID/Entity Registration Number: | <input type="text"/> |
| Investor Number:       | <input type="text"/> | Name of Authorised Person:     | <input type="text"/> |
| Contact Number:        | <input type="text"/> | Email Address:                 | <input type="text"/> |

## SECTION 2 | NEW NATURAL PERSON INVESTOR DETAILS

|                                  |                                |                                 |                                           |                                 |                                         |                                         |
|----------------------------------|--------------------------------|---------------------------------|-------------------------------------------|---------------------------------|-----------------------------------------|-----------------------------------------|
| Title:                           | <input type="text"/>           | Surname:                        | <input type="text"/>                      | Full Name(s):                   | <input type="text"/>                    |                                         |
| Gender:                          | Male <input type="checkbox"/>  | Female <input type="checkbox"/> | ID or Passport Number (Foreign National): | <input type="text"/>            |                                         |                                         |
| Country of Birth:                | <input type="text"/>           |                                 | Date of Birth (DD/MM/YYYY):               | <input type="text"/>            |                                         |                                         |
| Income Tax Number*:              | <input type="text"/>           |                                 | Marital Status:                           | Single <input type="checkbox"/> | Married (ICOP) <input type="checkbox"/> | Married (OCOP) <input type="checkbox"/> |
| Physical Address:                | <input type="text"/>           |                                 |                                           |                                 |                                         |                                         |
|                                  | <input type="text"/>           |                                 |                                           |                                 | Code:                                   | <input type="text"/>                    |
| Postal Address:                  | <input type="text"/>           |                                 |                                           |                                 | Code:                                   | <input type="text"/>                    |
| Telephone (Home or Mobile) :     | <input type="text"/>           |                                 | Email Address:                            | <input type="text"/>            |                                         |                                         |
| Investor's Communication Choice: | Email <input type="checkbox"/> | Post <input type="checkbox"/>   |                                           |                                 |                                         |                                         |

\* Please note that the Parent's/Guardian's income tax reference number should only be provided if the source of funds is linked to the Parent/Guardian. If not, the minor's income tax reference number should be provided.

## 2.1 | INDIVIDUALS ACTING ON BEHALF OF THE INVESTOR

This is for Parents/Guardians/Persons with Power of Attorney. Please complete an "Annexure B" for each person acting on behalf of the investor.

|               |                      |           |                      |
|---------------|----------------------|-----------|----------------------|
| Full Name(s): | <input type="text"/> | Capacity: | <input type="text"/> |
| Full Name(s): | <input type="text"/> | Capacity: | <input type="text"/> |

## SECTION 3 | NEW LEGAL ENTITY INVESTOR DETAILS

### ENTITY TYPE

|                                                       |                                          |                                                     |
|-------------------------------------------------------|------------------------------------------|-----------------------------------------------------|
| <input type="checkbox"/> Close Corporation            | <input type="checkbox"/> SA Company      | <input type="checkbox"/> Foreign Company            |
| <input type="checkbox"/> Trust                        | <input type="checkbox"/> Partnership     | <input type="checkbox"/> Listed Company             |
| <input type="checkbox"/> Collective Investment Scheme | <input type="checkbox"/> Retirement Fund | <input type="checkbox"/> Other <input type="text"/> |

Type of Investor: ☐ Retail ☐ Institutional\* *\*An institutional investor is an entity who has registered with the SARB's Financial Surveillance Department.*

Registered Name:  Trading Name:

Registration Number:  Income Tax Reference Number:

Country of Residence for Tax Purposes:  VAT Registration Number:

Do you have a U.S Income Tax Number/Tax Residence/Nationality? ☐ Yes ☐ No

Business Address:

Code:

Business Postal Address:  Code:

### CONTACT PERSON

Full Name:  ID Number:

Capacity:  Email Address:

Contact Number:

Investor's Communication Choice: Email ☐ Post ☐

## 3.1 | INDIVIDUALS ACTING ON BEHALF OF THE INVESTOR

This is for persons with Power of Attorney and Authorised Persons that can act on behalf of the legal entity (authorised signatories as per resolution). Please complete a Related Parties Form for each person authorised to act on behalf of the legal entity.

Full Name(s):  Capacity:

Full Name(s):  Capacity:

Full Name(s):  Capacity:

Full Name(s):  Capacity:

### 3.2 | RELATED PARTIES

In the summary below, please list all related parties based on your entity type.

**Example 1:** If your entity type is a Company, the related parties will include a Chief Executive Officer/Managing Director, individuals authorised to act on behalf of the company, shareholders holding 5% or more, etc.

**Example 2:** If your entity type is a Trust, the related parties will include the founder, trustees & named beneficiaries.

|               |                      |           |                      |
|---------------|----------------------|-----------|----------------------|
| Full Name(s): | <input type="text"/> | Capacity: | <input type="text"/> |
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| Full Name(s): | <input type="text"/> | Capacity: | <input type="text"/> |
| Full Name(s): | <input type="text"/> | Capacity: | <input type="text"/> |

**NOTE:** Please complete a Related Parties Form for each person/entity mentioned above.

### SECTION 4 | BANKING DETAILS

|                 |                                  |                                 |                                       |
|-----------------|----------------------------------|---------------------------------|---------------------------------------|
| Account Holder: | <input type="text"/>             | Account Number:                 | <input type="text"/>                  |
| Bank:           | <input type="text"/>             | Branch Code:                    | <input type="text"/>                  |
| Branch Name:    | <input type="text"/>             |                                 |                                       |
| Account Type:   | Current <input type="checkbox"/> | Cheque <input type="checkbox"/> | Savings <input type="checkbox"/>      |
|                 |                                  |                                 | Transmission <input type="checkbox"/> |

- Please supply proof of bank account details (on a bank letterhead and not older than 3 months)
- All payments are made electronically to the bank accounts of the registered client only
- The account holder must have a South African bank account
- No payments will be made to credit card or market-linked accounts
- No third party bank accounts are permitted

### SECTION 5 | INVESTOR DECLARATION

I declare (as an authorised signatory) that the information provided in this form is true and correct.

|                       |                      |                     |                      |
|-----------------------|----------------------|---------------------|----------------------|
| Authorised Signature: | <input type="text"/> | Date (DD/MM/YYYY):  | <input type="text"/> |
| Name and Surname:     | <input type="text"/> | Place of Signature: | <input type="text"/> |
| Authorised Signature: | <input type="text"/> | Date (DD/MM/YYYY):  | <input type="text"/> |
| Name and Surname:     | <input type="text"/> | Place of Signature: | <input type="text"/> |