



TRANSFER INDIVIDUALS / ENTITY

Boutique Collective Investments (RF) (Pty) Ltd administers the BCI unit trusts. It is authorised to do so as a Manager, in terms of the Collective Investment Schemes Control Act. In this document it will be referred to as "BCI"

IMPORTANT INFORMATION

- 1. This form is to be used by existing investors only
- 2. Please read the Terms and Conditions that apply to this investment. This is available from your financial adviser, the Client Service Centre or at www.bcis.co.za
- 3. Please fax the completed form to our Client Service Centre (011) 263 6152 | email: instructions@bci-transact.co.za

SECTION 1: CURRENT INVESTOR DETAILS	
BCI Investor Number / Client Account Number	
Title	
Surname / Entity Name (e.g company or trust)	
Name of Investor / authorised contact person	
ID or passport number / Registration number	
Telephone numbers Home	Work
Mobile	
Email address	
Signature of transferor	Date D / M M / Y Y Y
SECTION 2: INVESTMENT TRANSFER DETAIL	S
Would you like all your units to be transferred:	Yes No
If No, Please indicate how your unit trust portfolio/s	
	ount number Total amounts
	R or units or %
	R or units or %
	R or units or %
TOTAL	R or units or %
The transfer of participatory interacts is automatically	y classified as a Capital Gains Tax event. If you are transferring ownership to your spouse, you may
	e. Please note that the spouse must be a resident in terms of South African Tax Law.
Roll over CGT event for this transfer:	Yes No
SECTION 3: INVESTOR DETAILS TRANSFERIN	G TO
	der, please complete an application form and forward to us with all your FICA documentation.
BCI Investor Number / Client Account Number	
Title	
Surname / Entity Name (e.g company or trust)	
Name of Investor / authorised contact person	
ID or passport number / Registration number	
Telephone numbers Home	
Mobile	
Email address	
Residential / Physical / Registered address	
	Postal Code
Postal address (if different from above)	
	Postal Code

SECTION 4 CORRESPONDENCE METHOD																		
We will send you, or the person acting on your behalf, the following types of correspondence: + Investment statements, tax certificates + Transaction confirmations when you transact on your account																		
+ Please select how you would like to receive the above correspondence:																		
SECTION 5: BANKING DETAILS																		
Distribution Payments Distributions to be re-invested OR Distributions paid into account as per the 'Investor bank account details below'																		
Account Holder	Holder																	
Bank								1										
Branch Name				<u> </u>				Bra	anch c	ode							+	┿┥
Account Number							_	<u> </u> 1_										
Account Type	Current		Sav	vings				Transm	nissior	1								
Debit Order Details								_	_		_		_					
Total to be collected R commencing on the 1st OR 15th of M M / Y							Y	Y	Y Y									
Debit orders are applied on the 1st or the 15th of each month. If the selected day falls on a weekend or public holiday it will be effected on the next business day. The cut-off for all debit order notices to be processed in a particular month is by 14:00, five business days before the selected day.													t					
SECTION 6: INVESTOR DECI	LARATION																	
 I confirm that all information provided herein is true and correct and that I have read and understood the contents of this form. I have read, understood and agree to the Terms and Conditions. 																		
Signature of investor(s) / leg	gal guardian									Date	D	D,	/ M	Μ	/	Y		(Y
CONTACT DETAILS																		
 Physical Address Boutique Collective Investments Catnia Building Bella Rosa Village Bella Rosa Street Bellville 7530 				Tel: - Emai Shou	l: clients Id you ho	ervices ave any	@bcis.o	2 +27 co.za V aints, ple	lisit our	r website nd an en	e: ww nail to	w.bcis	.co.za laints	@bcis	.co.z			
- <mark>¦- Custodian / Trustee</mark> The Standard Bank of South Afric Tel: +27 (0)21 441 4100	ca Limited																	