



Additional Investment Application Form

1. BEFORE YOU INVEST

Completing the form

DOWNLOAD AND COMPLETE THE FORM AND AGREE TO THE T&C'S

1. Please read the [Terms and Conditions](#) and the Minimum Disclosure Document (MDD).
2. Complete all relevant sections, and send it together with the required documents to IJG via e-mail units@prescient-ijg.net
3. Cut-off times for receiving instructions are 13:00, except for Money Market funds where the cut off time is 11:00.

SUPPORTING DOCUMENTS

The following must be submitted with this application:

Proof of Deposit

HAVE ANY OF YOUR DETAILS CHANGED?

If yes, please provide updated proof.

Address

Bank Account Details



Additional Investment Application Form

2. INVESTOR DETAILS

Name / Registered Name _____

Client number _____

3. ACTING ON BEHALF OF INVESTOR * (TO BE COMPLETED IF GUARDIAN OR POA HAS CHANGED)

* This is for Guardians/Parents, or persons with Powers of Attorney. Proof of authority and supporting KYC required.

Title _____ Surname _____

First name(s) _____ Male _____ Female _____

Date of birth _____ Nationality _____

ID or Passport Number (if Foreign National) _____

Income Tax number _____

Street Address

c/o _____

Unit _____

Complex _____

Street Number _____

Street _____

Suburb _____

City _____

Postal code _____

Country _____

Telephone (H) _____

Telephone (W) _____

Email Address _____

Postal Address

Same as Street Address Yes _____ No _____

c/o _____

Line 1 _____

Line 2 _____

Line 3 _____

Line 4 _____

Postal code _____

Country _____

Fax _____

Cell _____

Capacity _____

4. SOURCE OF FUNDS INVESTED (INDIVIDUALS)

Savings	Retirement/insurance pay out	Passive Income (rental, dividends, interest)	Trade/business	Sale of assets
Winnings	Gifts/inheritance/donations	Child/spousal support payments	Salary/bonus	Tax refund
Other (please specify) _____				

Please note that in certain circumstances we may request additional information.

5. SOURCE OF FUNDS INVESTED (LEGAL ENTITIES & TRUSTS)

Tax Refund	Investment/Insurance pay out	Passive Income (rental, dividends, interest)	Venture capital
Trust donor	Savings	Sale of assets	Donations
Other (please specify) _____			

Please note that in certain circumstances we may request additional information.

6. INVESTMENT OPTION DETAILS

Please complete the table below once you have made your selection.

For Unit Trust - Minimum investment of N\$1 000 per month OR N\$10 000 as lump sum.

- I hereby apply to purchase units in the selected portfolios subject to the conditions of the relevant Main Deed & Supplemental Deed at the ruling fund prices.
- The Manager does not charge an initial fee.
- The [annual management fee](#) is the fee charged by the Manager for managing and administering the fund.

Unit Trust Portfolio	Investment Amount (N\$)	Debit Order (N\$)	Re-invest distributions?*	
			'Yes'	'No'
	N\$	N\$		
	N\$	N\$		
	N\$	N\$		

* If you selected to have your distributions paid out, they will be paid into the bank account specified. If your distribution is below N\$1 000 or no selection is made, your distribution will automatically be re-invested.

7. SPECIAL FEE INSTRUCTIONS

In the event that a special fee arrangement has been entered into with us, please indicate such arrangement below.

Unit Trust Portfolio	Fee Class	Agreed with

8. METHOD OF PAYMENT

LUMP SUM

Bank account details can be found on your welcome letter. Please contact us if you require these to be resent.

DEBIT ORDER

I hereby authorise the Manager to deduct the stated amount for the investment from the bank account above. I/we agree to pay bank charges and costs incurred by this debit order. Any debit order amendment must be received in writing by the Manager prior to the 7th day of the month in order for it to be acted upon in the following month.

Regular Debit Order Funds are deducted from the investor’s bank account on the **1st working day** of each month.
 Commencement month/year Annual Escalation %

Please note: Funds invested via debit order may not be redeemed until after 40 days from the date on which such funds were invested into units on your behalf.

BANKING DETAILS FOR DEBIT ORDER DEDUCTION (IF DIFFERENT FROM INVESTOR’S BANK DETAILS):

Name of Account Holder	
Bank	
Branch Name	
Branch Code	
Account Number	
Account Type	

Please note: Certified proof of ID and proof of bank account details required for account holder

Signature of Account Holder _____

9. FINANCIAL ADVISOR DETAILS (IF APPLICABLE)

If there have been any changes to your financial advisor, or, you want to add a new advisor please complete the [Static Data Amendment Form](#)



AUTHORISATION AND DECLARATION

1. I have read and fully understood all the pages of this application form and agree to the Terms and Conditions of this investment into the Unit Trust Option(s) and I understand that this application and any further documents, read with the Supplemental Deed, constitutes the entire agreement between the IJG Unit Trust Management Company Ltd ("the Manager") and me.
2. I warrant that the information contained herein is true and correct and that where this application is signed in a representative capacity, I have the necessary authority to do so and that this transaction is within my power.
3. I am aware of the charges and fees, the total expense ratio, investment objectives, risk factors and income distributions applicable to my investment as set out in this form and in other documentation provided to me.
4. I authorise the Manager to deduct any debit orders, any applicable taxes and also to pay all fees. If the additional annual advisor fees are insufficient to pay the Financial Advisor from one portfolio, the Manager will sell units proportionately from the portfolios and pay the amounts to the advisor monthly. Permissible deductions from the portfolio include management fees, performance fees, bank charges, trustee/custodian, audit fees, securities transfer tax and brokerage.
5. I acknowledge that the responsibility in ensuring my instruction has been received and actioned by the Manager lies with me.
6. I acknowledge that the Manager will not be liable for any damages or loss of whatsoever nature arising out of the Manager's failure to action my instruction due to any occurrences beyond the control of the Manager, nor will the Manager be liable for any loss incurred due to incorrect information being supplied by myself or by my advisor or agent sending completed documentation to the incorrect mailbox.
7. I acknowledge the transaction cut off times set out herein and agree to comply with such cut off times.
8. I acknowledge the inherent risk associated with the selected Unit Trust Option(s) and that there are no guarantees.
9. I understand and agree that no part of the services provided by the Manager constitutes a solicitation, recommendation, guidance or proposal, nor does it constitute financial, tax, legal, investment or other advice. I warrant to the Manager that I am acting for my own account, I have made my own independent decisions to enter into the investment and as to whether the investment is appropriate or proper for me, based upon my own judgement and upon advice from such advisors as I may deem necessary. I warrant that I am not relying on any communication from the Manager, whether written, oral or implied as investment advice or as a recommendation to enter into the investment; it being understood that information and explanations relating to the terms and conditions of an investment shall not be considered investment advice or a recommendation to enter into the investment. I warrant that I have not received from the Manager any assurance or guarantee as to the expected results of the investment.
10. I understand that the Manager will accept instructions from my Financial Advisor only if duly appointed and authorised in writing by me. The Manager will not be held liable for any losses that may result from unauthorised instructions given to the Manager by my Financial Advisor.
11. I hereby authorise the Manager to furnish written reports to my duly appointed Financial Advisor, if applicable.
12. If I have appointed a Financial Advisor I authorise the payment of the negotiated fees to be paid to my Financial Advisor from my portfolios. This authority to pay fees may be withdrawn by written notice to the Manager.
13. I authorise the Manager to accept and act upon instructions by e-mail and hereby waive any claim that I have against the Manager and indemnify the Manager against any loss incurred as a result of the Manager receiving and acting on such communication or instruction.
14. Any personal information may be used by the Manager in the normal course of business to provide the products and services and the Manager may retain and share any information for purposes of investment transactions, processing and administration and to communicate directly with me. Personal information will not be given or sold to any third parties. The Manager will disclose or report personal information if and when required to do so by law or any regulatory authority, and to the Manager's employees (if relevant), or agents who require such information to carry out their duties. I/we consent to the processing of my/our personal information/data and the disclosure of my/our personal information/data to any tax authority. I consent to the Manager making enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and I expressly consent to the Manager obtaining any other information concerning me from any source whatsoever to enable the Manager to process this application.
15. I confirm that I have received, noted and understood the following information:
 - a. the Minimum Disclosure Document
 - b. investment objectives and risk factors
 - c. the calculation of the Net Asset Value (NAV), dealing prices and distribution of income accruals
 - d. any additional information necessary to enable the investor to make an informed decision



16. I consider myself or the entity to be, or to be associated with a [Domestic PEP](#) or a [Foreign PEP](#).

Yes No

If Yes, please provide details: _____

Please note: It is the client's responsibility to disclose to IJG should this status change

Signed at _____ Date _____

Full name of signatory _____ Capacity _____

Authorised Signatory _____

Signed at _____ Date _____

Full name of signatory _____ Capacity _____

Authorised Signatory _____

THANK YOU

You have completed this application form. Please collate all your required KYC documentation to include in your submission.



CONTACT IJG UNIT TRUST MANAGEMENT COMPANY LTD

Physical Address	Corner of Grove & Chasie Streets, 4th Floor, 1@ Steps, Kleine Kuppe
Postal Address	P.O. Box 186, Windhoek, Namibia
Reception	+264 61 383 500
E-mail	units@prescient-ijg.net
Website	www.ijg.net

COMPLIANCE DEPARTMENT

Compliance Officer	Zanna Beukes
Physical Address	Corner of Grove & Chasie Streets, 4th Floor, 1@ Steps, Kleine Kuppe
Postal Address	P.O. Box 186, Windhoek, Namibia
Reception	+264 61 383 500
E-mail	zanna@ijg.net
Website	www.ijg.net

COMPLAINTS

Please do not hesitate to contact us if you are not satisfied with this investment or the services received from IJG Unit Trust Management Company Ltd. A complaint must be submitted to the Compliance Officer. IJG will acknowledge the complaint in writing and will inform the investor of the contact details of the persons involved in the resolution thereof. Should you wish to lodge a complaint regarding the services being provided, an email can be sent to complaints@prescient-ijg.net or alternatively you can obtain our complaints policy, conflict of interest policy from the compliance department (address above).

Should you have a complaint related to the advice given by your financial advisor, please submit this complaint directly to your financial advisor. If an investor is still not satisfied with the response from the Financial Advisor, he/she has the right to address his/her complaint in writing to NAMFISA at the address below. NAMFISA is legally empowered to investigate and adjudicate complaints in a procedurally fair, economical and expeditious manner.

Postal Address	NAMFISA P.O. Box 21250 Windhoek, NAMIBIA
Telephone	+264 61 290 5000
Fax	+264 61 290 5194
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