



Unit Trust Static Data Amendment Form

HOW TO CHANGE YOUR STATIC DATA

Completing the form

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

1. Investor Details (**Complete in all instances**)
2. Change of name / surname
3. Change of contact details
4. Change of banking details
5. Debit order (new or amendments)
6. Interest and Dividend Distributions
7. Regular Monthly Withdrawals
8. Change to Financial Advisor Fee
9. Change to Financial Advisor

Unit Trust Static Data Amendment Form

1. INVESTOR DETAILS

Client Number _____

Names / Entity Name / Co. Registered Name _____

ID or Registered Number _____

2. CHANGE OF NAME/SURNAME

A copy of your new identity document with one specimen signature is required. A copy of the marriage certificate is required, if applicable.

Title _____ Previous name _____

Current name _____

3. CHANGE OF CONTACT DETAILS

A copy of a utility bill (less than 3 months old) must accompany a change of physical address.

Physical Address _____ Postal code _____

Postal Address _____ Postal code _____

Contact details Telephone (H) _____

Telephone (W) _____ Cell _____

Email _____

4. CHANGE OF BANK DETAILS

Please supply proof of bank account details

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

- The account must be a Namibian bank account.
- Debit orders will be deducted from this account.
- The onus is on the investor to inform the Manager of any changes to the bank account details.
- No payments will be made into third party bank accounts or credit cards. (i.e. payments will only be made to the bank account in the name of the registered investor).

5. NEW AND CHANGE OF DEBIT ORDER

Please note: we must receive this instruction prior to the 7th day of the month in order for it to be acted upon in the following month.

NEW DEBIT ORDER

Unit Trust Fund Name	Effective from	Annual Escalation	Total New Amount

CHANGE DEBIT ORDER *Please note this applies to individual funds, if you have more than one fund please specify separately.*

Unit Trust Fund Name	Effective from	Existing Amount	New Amount

CANCEL DEBIT ORDER

Unit Trust Fund Name	Effective from

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: Proof of ID required for account holder

Signature of Account Holder _____

6. INTEREST AND DIVIDENDS DISTRIBUTIONS

Pay all future distributions into my bank account (these will be paid into the bank account on record)

Reinvest all future distributions

If your distribution is below N\$1 000 it will be automatically re-invested

7. REGULAR WITHDRAWALS

New

Existing

Your regular payment will be paid on the 25th of the relevant month, but may only reflect in your bank account up to two business days later. You cannot select to receive a regular withdrawal from a Namibian dollar denominated offshore portfolio.

Payment frequency Monthly Quarterly Biannually Annually

Unit Trust Portfolio	Regular Withdrawal Amount
	N\$
	N\$
Total	N\$

8. CHANGE TO FINANCIAL ADVISOR FEE

Please amend the current financial advisor fee structure on this investment to % initial and % ongoing

9. CHANGE TO FINANCIAL ADVISOR

Please add a new advisor to my investment

Please amend my existing advisor

Name of Financial Advisor _____

Name of Financial Services Provider _____ NAMFISA License Number _____

Contact Tel No _____

Section to be completed by Financial Advisor.

I am a new Advisor **New Advisors need to complete a IJG Advisor Agreement.**

Existing IJG Advisor code (Entity ID): _____

Email address for correspondence: _____

AUTHORISATION AND DECLARATION

1. IJG Unit Trust Management Company Ltd (“the Manager”) will not be held liable for any loss incurred due to incorrect information being supplied by the investor or his/her financial advisor.
2. The Manager reserves the right to withhold processing of any unclear, incomplete or ambiguous requests forwarded by the investor.
3. This request may only be signed by the investor or by a registered investment manager/discretionary financial service provider acting on behalf of the investor. Where this request is signed on behalf of the investor, the signatory warrants that he/she has authority to do so, that the information contained herein is correct in all respects and he/she indemnifies the Manager against any and all damages and/or loss arising from such event.
4. Any references made in this form to a unit trust means a collective investment scheme as defined in the Unit Trust Control Act 54 of 1981 (as amended) (“the Act”). This request is subject to the provisions of the Act.
5. The Manager will not be liable for any damages or losses of whatsoever nature arising out of the Manager’s failure to action this instruction due to occurrences beyond the control of the Manager.
6. The investor indemnifies and holds the Manager harmless against any loss or damage which the investor may suffer as a result of any commission or omission by the Manager, which is a result of an obligation imposed on the Manager.
7. The Manager will not accept telephonic instructions.

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.