

REALFIN COLLECTIVE INVESTMENT SCHEMES

CHANGE IN INVESTOR DETAILS FORM

IMPORTANT INFORMATION

- Please complete all relevant sections within this Change in Investor Details form.
- 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



SECTION 1 | EXISTING INVESTOR DETAILS

Existing Investor Number:	<input type="text"/>	Surname/Entity Name:	<input type="text"/>
Full Name(s)/Authorised Contact Person:	<input type="text"/>		
ID/Passport Number (Foreign National)/Entity Registration Number:	<input type="text"/>		
Telephone (Home or Mobile) :	<input type="text"/>	Email Address:	<input type="text"/>

SECTION 2 | NEW INVESTOR DETAILS

2.1 | NATURAL PERSONS

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"/>		
Income Tax Number:	<input type="text"/>	Passport Expiry Date (DD/MM/YYYY):	<input type="text"/>			
Place of Birth:	<input type="text"/>	Date of Birth (DD/MM/YYYY):	<input type="text"/>			
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"/>			
Marital Status:	Single <input type="checkbox"/>	Married (ICOP) <input type="checkbox"/>	Married (OCOP) <input type="checkbox"/>			
Investor's Communication Choice:	Email <input type="checkbox"/>	Post <input type="checkbox"/>				

CONTACT DETAILS

Management Company - RCIS	Tel: +27 21 701 3777	Email: clientservices@realfin.co.za	Website: www.realfin.co.za
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Physical Address: 1st Floor, Silverberg Terrace, Steenberg Office Park, Silverwood Close, Tokai, Cape Town, 7945

Complaints: Should you have any complaints, please send an email to complaints@realfin.co.za.

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

2.2 | LEGAL ENTITY

TYPE OF ENTITY:

<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"/> Unlisted Company	<input type="checkbox"/> Retirement Fund	<input type="checkbox"/> Other <input style="width: 150px;" type="text"/>

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:

Telephone (Work or Mobile) : Email Address:

Investor's Communication Choice: Email Post

2.3 | INDIVIDUALS - ACTING ON BEHALF OF THE INVESTOR IN SUBSECTION 2.1/2.2*

Full Name(s):	<input style="width: 350px;" type="text"/>	Capacity:	<input style="width: 300px;" type="text"/>
Full Name(s):	<input style="width: 350px;" type="text"/>	Capacity:	<input style="width: 300px;" type="text"/>
Full Name(s):	<input style="width: 350px;" type="text"/>	Capacity:	<input style="width: 300px;" type="text"/>
Full Name(s):	<input style="width: 350px;" type="text"/>	Capacity:	<input style="width: 300px;" type="text"/>

NOTE: Please fill out an "Annexure B" for each person acting on behalf of the investor.

* This is for Parents/Guardians/Persons with Power of Attorney

** 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.

2.4 | DIRECTORS, BENEFICIARIES, SHAREHOLDERS OR MEMBERS

Full Name(s):	<input style="width: 350px;" type="text"/>	Capacity:	<input style="width: 300px;" type="text"/>
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Full Name(s):	<input style="width: 350px;" type="text"/>	Capacity:	<input style="width: 300px;" type="text"/>
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Full Name(s):	<input style="width: 350px;" type="text"/>	Capacity:	<input style="width: 300px;" type="text"/>

NOTE: Please fill out an "Annexure B" for each person mentioned above.

2.5 | DETAILS OF CONTACT PERSON*

* ONLY to be completed if the details are different from those provided in Section 2.1,2.2 or 2.3

Surname: Full Name(s): Capacity:
Gender: Male Female ID or Passport Number (Foreign National):
Telephone (Home or Mobile): Email Address:

SECTION 3 | BANKING DETAILS

Account Holder Name:
Name of Bank: Account Number:
Branch Name: Branch Code:
Account Type: Current Cheque Savings Transmission

- No payments will be made to credit card or market-linked accounts.

SECTION 4 | INVESTOR DECLARATION

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

Authorised Signature: Date (DD/MM/YYYY):
Name and Surname: Place of Signature:
Authorised Signature: Date (DD/MM/YYYY):
Name and Surname: Place of Signature: