

Once completed this form should be faxed/delivered to:

Instruction Forms can also be mailed to:

African Alliance Botswana Management Company Limited
Phone: +267 364 3900
(Please confirm telephonically that the form has been received)

African Alliance Botswana Management Company Limited
PO Box 2770
Gaborone
Botswana

Instruction Forms can also be delivered to the African Alliance offices at:
Unit Q1, First Floor, Building 2, Lot 70667, Fairscape Precinct, Gaborone, Botswana

Investor Details	
Client Name	
Client Number	
Contact Telephone	

To be Completed by African Alliance		
Received	Date	Initials
Portfolio Number		
Details Verified		
Processed		
Paid - Cheque no		

**Switch Instruction
Switch From**

Fund	Portfolio Number	Switch		Switch All Units <input checked="" type="checkbox"/>
		Units	Currency	
African Alliance Botswana Value Fund	_____ DP _____		BWP	
African Alliance Botswana Global Allocation Fund	_____ DP _____		BWP	
African Alliance Botswana Global Income Fund	_____ DP _____		BWP	
African Alliance Botswana Liquidity Fund	_____ DP _____		BWP	
African Alliance Botswana Enhanced Yield Fund	_____ DP _____		BWP	

Switch To

Fund	Portfolio Number	Switch	
		Units	Currency
African Alliance Botswana Value Fund	_____ DP _____		BWP
African Alliance Botswana Global Allocation Fund	_____ DP _____		BWP
African Alliance Botswana Global Income Fund	_____ DP _____		BWP
African Alliance Botswana Liquidity Fund	_____ DP _____		BWP
African Alliance Botswana Enhanced Yield Fund	_____ DP _____		BWP

Indemnity

I/We agree that any switch which you shall make in accordance or purporting to be in accordance with this instruction shall be binding upon us and shall be accepted by us as conclusive evidence that you were authorized to make such switch or comply with any demand given by us. I/We undertake to indemnify you against all losses, claims, actions, proceedings, demands, damages, costs and expenses incurred or sustained by you of whatever nature and howsoever arising, out of or in connection with you honouring and acting upon such, including faxed or emailed instructions.

Authorised Signatories

Signature 1		Name	
Signature 2		Name	
Signature 3		Name	
Signature 4		Name	
Assisted by (where legally necessary)		Name	
Date	DD / MM / YYYY		

I / we warrant that I / we have full authority and are legally competent to enter into and conclude this transaction with the necessary assistance where such assistance is legally required. I / we accept the provisions of the relevant Trust Deed.