

How to Invest	
1. Before investing, please read the <b>Terms and Conditions</b> of this investment (attached hereto), carefully.	
2. Once completed this form should be returned to: African Alliance Eswatini Management Company Limited 2nd Floor, Nedbank Centre, Corner Dr. Sishayi and Sozisa Roads Mbabane, Eswatini	Account Opening Forms can also sent to: African Alliance Eswatini Management Company Limited PO Box 5727, Mbabane H100, Eswatini Phone: +268 2406 6000 Fax: +268 24048391 Or e-mailed to <a href="mailto:szclo@africanalliance.sz">szclo@africanalliance.sz</a>
3. New Accounts will only be opened on receipt of this Account Opening Form and the following supporting documentation.	
<input type="checkbox"/> AML documentation <input type="checkbox"/> Proof of deposit <input type="checkbox"/> Proof of banking details	

<b>For office use only</b>	Investor Number:
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Details						
<input type="checkbox"/> Close Corporation	<input type="checkbox"/> Local Company	<input type="checkbox"/> Foreign Company	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust	<input type="checkbox"/> Other	

Investor				Broker Details	Broker Stamp
Registered Name					
Trading Name					
Registration Number					
Income Tax Number		VAT Number			
Registered Address			Business Address		
			Post Code		
Postal Address				Post Code	
				Post Code	
Telephone		Telephone (W)			
Cell		Fax			
Email Address					
Please specify your preferred method of receiving correspondence * <input type="checkbox"/> E-mail <input type="checkbox"/> Postal address					

\*Where no selection is made correspondence will be sent to the e-mail address supplied above. If no email address is supplied, correspondence will be sent via post.

Contact Person					
Title		Surname			
First Name(s)				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Identity Number or Passport					
Income Tax Number		Country of Residence for tax purposes			
Telephone		Telephone (W)			
Cell		Fax			
Email Address					

Joint Signatory Authority	
Please indicate whether you require a joint signing authority by making an election below:	
<input type="checkbox"/>	We instruct African Alliance Eswatini Management Company Limited ("African Alliance") to only action instructions signed by all authorised signatories.
<input type="checkbox"/>	We instruct African Alliance to action instructions signed by the indicated number of signatories <input type="checkbox"/>
<input type="checkbox"/>	We instruct African Alliance to action instructions signed by any of the authorised signatories and agree to terms (a) to (d) below.

African Alliance will action instructions signed by any of the authorised signatories if no election is made. We jointly and severally authorise African Alliance to act upon instructions placed by any one signatory on behalf of the entity subject to terms (a) to (d) below:

(a) We authorise African Alliance to act upon instructions given, signed or purportedly signed by any one of the authorised signatories.

(b) We confirm that these authorisations shall apply to any further units purchased, transferred or otherwise held by the entity.

(c) We agree that this authorisation shall remain in force until notice signed by all the authorised signatories in writing of its termination or replacement is received by African Alliance and any such notice shall be without prejudice to the completion of transactions already initiated by African Alliance pursuant to the above terms.

(d) It is the policy of African Alliance to send monies to the same bank account from where it originated.

**Source of Funds Invested**

Please specify the source of funds (e.g. investment proceeds; sale of assets; etc.) African Alliance reserves the right to request documentary proof e.g. income statement, bank statement.

**Banking Details of Investor**

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

**Signature of Account Holder** \_\_\_\_\_

- A cancelled cheque or bank statement must be attached as proof of banking details.
- Debit orders and electronic collections will be deducted from this account.
- The onus is on the investor to inform African Alliance 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).

**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 and I understand that this application and any further documents, read with the Deed, constitutes the entire agreement between African Alliance 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.

**Signed at** \_\_\_\_\_ **Date** \_\_\_\_\_

**Authorised Signatories (complete Annexure A for all persons below)**

1. Full Name		Capacity	
Signature of Authorised Signatory			
2. Full Name		Capacity	
Signature of Authorised Signatory			
3. Full Name		Capacity	
Signature of Authorised Signatory			
4. Full Name		Capacity	
Signature of Authorised Signatory			

**\* If signing on behalf of the investor please provide proof of authority and supporting verifying documentation.**

**Additional Compulsory Information (if applicable)**

<b>AUTHORISED SIGNATORIES / TRUSTEES</b>		
<b>Details of all authorised representatives, each manager, member, partner(s), persons exercising executive control, shareholders, trustees, and ultimate beneficial owner. (Please make extra copies where needed)</b>		
Please tick the correct category of individual for which additional information is herewith submitted.		
<input type="checkbox"/> Managing member (CC)	<input type="checkbox"/> Additional member (CC)	<input type="checkbox"/> Foreign signatory (Company or CC)
<input type="checkbox"/> Partner	<input type="checkbox"/> Shareholder (Company)	<input type="checkbox"/> Ultimate Beneficial Owner
<input type="checkbox"/> Founder (Trust)	<input type="checkbox"/> Trustee (Trust)	<input type="checkbox"/> Named Beneficiary (Trust)
<input type="checkbox"/> Director	<input type="checkbox"/> Authorised representative	

Title		Surname		
First Name(s)				<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth		Nationality		
Identity Number or Passport (if no RSA ID)				
Income Tax Number				
Residential Address				
		Postal Code		
Postal Address				
		Postal Code		
Telephone (H)		Telephone (W)		
Cell		Fax		
Email Address				

**Signature:** \_\_\_\_\_

**TERMS AND CONDITIONS**

**General**

1. This application together with the Main Deed and the relevant Supplemental Deeds, will govern the legal relationship between the investor and the Management Company. It is the Management Company's sole discretion to accept or reject the Unit Holder's application form.
2. Please note that all documents, notifications of deposit, investment, redemption and switch applications must be received by the Management Company by or before 11:00am (SA), to be transacted at the net asset value price for that day. Where all required documentation is not received before the stated cut off time the Management Company shall not be obliged to transact at the net asset value price as agreed to.
3. Any monies received by the Management Company that are not supported by appropriate documentation may be returned to the paying bank within 3 business days from receipt thereof by the Management Company
4. No interest will accrue to monies awaiting allocation.
5. All material facts must be accurately and properly disclosed, and the accuracy and completeness of all answers, statements or other information provided by or on behalf of the Unit Holder, are the Unit Holder's own responsibility.
6. No indulgence granted by the Management Company shall affect or prejudice the rights of the Management Company, nor shall it be regarded as a waiver of African Alliance's rights.

**Instructions**

1. Only signed written instructions (faxed copies included) from the investor or an authorized representative will be acted upon.
2. The Management Company will not proceed with any transaction if there is any doubt as to the validity of any signatures/information or if it deems the application to be incomplete in any way and African Alliance cannot be held liable for any resultant losses as a result thereof.

**Reporting**

Investor statements will be issued quarterly.

**Fees**

1. The fees that apply to this investment are set out in the Prospectus and latest Fund Fact Sheet.
2. The Management Company may charge an initial fee and/or exit fee ("manager's charge") in respect of expenditure incurred and administration performed in connection with the creation, issue or sale of units.
3. The annual management fee ("service charge") is the fee charged by the Management Company for the ongoing management or administration of the fund. This fee is payable monthly and calculated as a percentage of the market value of the total assets of a portfolio for each day of the respective calendar month.
4. The fixed monthly maintenance fee may be charged by the Management Company in respect of an account with a unit balance that falls below the prescribed minimum.
5. Fees exclude VAT.

**Authorisation and Declaration by Investor**

- 1) I / We warrant that I am / we are duly authorised to sign this Account Opening Form and to invest in, switch or sell units in African Alliance Eswatini's Unit Trust Funds ("The Funds") and that by my / our investing, holding or purchasing units I / we will not be in breach of any laws or regulations of any competent jurisdiction and I / we hereby indemnify the Manager, Investment Manager, Custodian, Trustee, Administrator and other unitholders for any loss suffered by them as a result of this warranty / representation not being true in every respect.
- 2) I / we agree to provide the declaration and warranties contained herein to African Alliance Eswatini Management Company Limited ("African Alliance") and at such time as African Alliance may request such certifications, documents or other evidence as African Alliance may reasonably require to substantiate such representations. I / we agree to notify African Alliance immediately if I / we become aware that any of the declarations or warranties contained herein is / are no longer accurate or complete in all respects.
- 3) I / we hereby confirm that African Alliance, the Manager and the Administrator are each hereby authorised and instructed to accept and execute any instructions in respect of the Units to which this application relates, given by me / us in written form or by facsimile. I / we hereby indemnify African Alliance, the Manager and the Administrator and agree to keep them indemnified, against any loss of any nature whatsoever arising to each of them as a result of any of them acting upon facsimile or telephone instructions. In circumstances where such instructions relate to a change in the Bank Account Details for redemption payments referred to above, I / we confirm that I / we will provide African Alliance, the Manager or the Administrator with an original written instruction. The Manager and Administrator may rely conclusively upon and shall incur no liability in respect of any action taken upon any notice, consent, request, instruction or other instrument believed in good faith to be genuine or to be signed by properly authorised persons.
- 4) I / we confirm that I / we have accessed, and understood a copy of the Prospectus containing the detail for the particular African Alliance Eswatini Unit Trust Fund in which I / we wish to invest at the date of this application. I / we acknowledge that this application is made on the terms of the Trust Deed, Prospectus and material contracts referred to therein.
- 5) I / we direct that on the death of one of us, the Units for which we hereby apply will be held in the name of and to the order of the survivor(s) of us or the executors and administrators of such survivor (applicable to natural persons only).
- 6) African Alliance, the Manager and the Administrator reserve the right to seek evidence of identity to comply with applicable money laundering regulations. In such case of delay or failure to provide

satisfactory information, African Alliance, the Manager and the Administrator may take such action as they see fit.

- 7) I / We acknowledge and understand that African Alliance is not responsible for any tax liability that I / we may incur or for changes in my / our tax status as a result of any changes to the current tax regime.
- 8) Redemptions will only be made into the bank account as detailed in the "Bank account details" per the previous page and only as instructed by the duly authorised signatory(ies) as designated under Authorised Signatories. Under no circumstances will any redemptions be paid into third party or nominee accounts
- 9) I hereby expressly consent to African Alliance collecting and processing my personal information in order to
  - a. Open, administer, manage and operate my unit trust account/investment;
  - b. Provide any combination of services, analysis, advice or intermediary services linked to my account;
  - c. Monitor and analyse the conduct on my account for AML, market abuse, compliance and other risk related purposes;
  - d. Carry out statistical and other analysis to identify potential markets and trends, and
  - e. Develop new products and services.
- 10) I hereby expressly consent that African Alliance may
  - f. Process my personal information within the Group for the purposes as set out in 9 above;
  - g. Disclose my personal information to any person who provides services to African Alliance or acts as its agent or to whom African Alliance has transferred or proposes to transfer any of its rights and duties in respect of my account. Some of these persons may be located in countries outside of the Kingdom of Eswatini;
  - h. Share my personal information with its service providers, locally and outside Eswatini, as necessary;
  - i. Contact me for the purposes of marketing new products or services
- 11) I acknowledge that
  - j. African Alliance will at all times remain responsible for determining the purpose of and means for processing my personal information
  - k. African Alliance is required by various laws, including but not limited to AML laws, to collect and further process some of my Personal Information
  - l. Without my personal information African Alliance may be unable to open or continue to offer services to me, and
  - m. I am providing African Alliance with my personal information voluntarily.
  - n. African Alliance will disclose or report personal information if and when required to do so by law or any regulatory authority.
- 12) I consent to African Alliance making enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and I expressly consent to African Alliance obtaining any other information concerning me from any source whatsoever to enable African Alliance to process this application.

**Anti-Money Laundering and Counter Financing of Terrorism regulations (AML and CFT regulations)**

In terms of applicable AML and CFT regulations, African Alliance is required to take the prescribed steps to establish and verify my identity.

- 14) I accept that African Alliance reserves the right to require information and documentation (Statutory Documentation) in order to verify my identity and I accept that the delay or failure by me to provide the Statutory Documentation as requested by African Alliance will result in African Alliance taking any action necessary to protect its rights.
- 15) I indemnify and hold African Alliance harmless against any claims, loss or damage and/or any expense of any nature whatsoever which may arise as a result of an instruction not being processed timeously due to African Alliance having received incomplete Statutory Documentation.
- 16) Should details in respect of any Statutory Documentation change, I undertake to forward confirmation and/or the verification documentation in respect of such change to African Alliance within 30 days of such change.

**Contact**

African Alliance Eswatini Management Company Limited  
2nd Floor, Nedbank Centre, Corner Dr. Sishayi and Sozisa Roads, Mbabane, Eswatini

**Compliance Department**

The contact address of the Compliance Officer is the same as the address above.  
2nd Floor, Nedbank Centre, Corner Dr. Sishayi and Sozisa Roads, Mbabane, Eswatini

**Complaints**

Please do not hesitate to contact us if you are not satisfied with this investment or the services received from African Alliance. A complaint must be submitted to the Compliance Officer. African Alliance will acknowledge the complaint in writing and will inform the investor of the contact details of the persons involved in the resolution thereof.

Signed at \_\_\_\_\_ Date \_\_\_\_\_

Full Name of Signatory \_\_\_\_\_ Capacity \_\_\_\_\_

Signature of Investor/Legal Guardian \_\_\_\_\_

Full Name of Signatory \_\_\_\_\_ Capacity \_\_\_\_\_

Signature of Investor \_\_\_\_\_

\* If signing on behalf of the investor please provide proof of authority and supporting verifying documentation