

Once completed this form should be faxed/delivered to:

Change of Details Forms can also be mailed to:

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

African Alliance Eswatini Management Company Limited
PO Box 5727, Mbabane H100, Eswatini
Phone: +268 2406 6000
Fax: +268 24048391
or e-mailed to szclo@africanalliance.sz

(Please confirm telephonically that the form has been received)

Note: Change of details will only be affected on receipt of this Change of Details Form together with the necessary Identification Documentation or Proof of Bank Account or Proof of Residence.

Faxed copies of this Change of Details Form and supporting documentation cannot be accepted by African Alliance.

Details to Change				
Contact Details <input type="checkbox"/>	Bank Account Details <input type="checkbox"/>	Address <input type="checkbox"/>	Signatories <input type="checkbox"/>	Email <input type="checkbox"/>

Personal/Company Details				
Account in the name of				
Nationality	Date of Birth	ID Number/Passport Number (Individual)		Registration number (other legal entities)

Investor Number	For Office Use Only			
	Captured by	Date	Authorised by	Date
1.				
2.				
3.				
4.				
5.				

Contact Details	
Postal Address	Physical Address
E-mail Address	
Graded Income Tax No.	

Telephone - Work	Telephone - Home	Fax	Mobile

Next of Kin			
First Name(s)	Surname		
Mobile	Telephone		

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

African Alliance Employee: I hereby confirm that I have satisfied myself as to the identity of the client and that I attach all their relevant verified/certified documentation to this change of details form.	
Employee's Signature	Date

ACTING ON BEHALF OF INVESTOR/JOINT INVESTOR					
Title		Surname			
First Name(s)				<input type="checkbox"/> Male	<input type="checkbox"/> Female
Date of Birth			Nationality		
Identity Number or Passport (if no ID)					
Income Tax Number				Country of Residence for Tax purposes	
Telephone (H)			Telephone (W)		
Mobile			Fax		
Email Address					

Signature: _____

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 any of the authorised signatories and agree to terms (a) to (d) below.
<p>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:</p> <p>(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.</p>	

I/We confirm that all information provided herein is true and correct.

Authorised Signatories			
Signature 1		Name	
Signature 2		Name	
Signature 3		Name	
Signature 4		Name	
Number of Required Signatories on this account		Date	/ /
I / We warrant that I am / we are duly authorised to sign this Change of Details Form.			

Signature: _____

DD MM YYYY