

Unit Trust Redemption Form

1. HOW TO REDEEM

Completing the form

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

1. Please read the [Terms and Conditions](#) and the Minimum Disclosure Document (MDD).
2. Complete all relevant sections, and send it together with the required documents to Prescient via e-mail pmancoadmin@prescient.co.za
3. Cut-off times for receiving instructions are 13:00, except for Money Market funds where the cut off time is 11:00.

HAVE ANY OF YOUR DETAILS CHANGED?

If yes, please provide updated proof.

Address

Bank Account Details

Unit Trust Redemption Application Form

2. INVESTOR DETAILS

Client Number _____

Names / Entity Name / Co. Registered Name _____

ID or Registered Number _____

3. REDEMPTION OF UNIT TRUST FUNDS

Please select the appropriate fund/s from which you would like to redeem units, a percentage of units or a rand value.

From Unit Trust Fund Name	Number of Units	Rand Value of Units	% of Units	Cancel Debit Order	
				Yes	No
		R	%		
		R	%		
		R	%		
		R	%		
		R	%		

4. BANKING DETAILS OF INVESTOR (IF CHANGED)

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

- Please provide Prescient with Proof of Bank Account Details
- The account holder must have a South African bank account.
- Debit orders and electronic collections will be deducted from this account.
- The onus is on the investor to inform Prescient 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. AUTHORISATION AND DECLARATION

1. I hereby give notice in terms of the trust deed of my application to sell the relevant units and in consideration of the purchase price to be paid to me for the said units, hereby cede, assign and transfer my rights, title and interest in and to the said units to you and acknowledge that I have no further interest therein.
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.
3. I authorise Prescient to deduct any debit orders, electronic collections, any applicable taxes and also to pay all fees. If the additional annual advisor fees are insufficient to pay the Financial Advisor (FSP) from one portfolio, Prescient will sell units proportionately from the portfolios and pay the amounts to the advisor monthly. Permissible deductions from the portfolio include management fees, performance fees, bank charges, trustee/custodian fees, audit fees, securities transfer tax and brokerage.
4. I acknowledge that the responsibility in ensuring my instruction has been received and actioned by Prescient lies with me.
5. I acknowledge that Prescient will not be liable for any damages or loss of whatsoever nature arising out of Prescient's failure to action my instruction due to any occurrences beyond the control of Prescient, nor will Prescient be liable for any loss incurred due to incorrect information being supplied by my or by me sending completed documentation to the incorrect mailbox.
6. I acknowledge the transaction cut off times set out herein and agree to comply with such cut off times.
7. I confirm that I have received, noted and understood the following information:
 - a. the Minimum Disclosure Document
 - b. investment objectives and risk factors
 - c. the calculation of the Net Asset Value (NAV), dealing prices and distribution of income accruals
 - d. any additional information necessary to enable the investor to make an informed decision,
8. I consider myself or the entity to be, or to be associated with a Domestic Prominent Influential Person or a Foreign Prominent Public Official.

Yes No

If Yes, please provide details: _____

Please note: It is the client's responsibility to disclose to Prescient should this status change

Signed at _____ Date _____

Full name of signatory _____ Capacity _____

Authorised Signatory _____ Authorised Signatory _____

Signed at _____ Date _____

Full name of signatory _____ Capacity _____

Authorised Signatory _____ Authorised Signatory _____

THANK YOU

You have completed this application form. Please collate all your required FICA documentation to include in your submission.

CONTACT PRESCIENT MANAGEMENT COMPANY (RF) (PTY) LTD

Physical Address	Prescient House, Westlake Business Park, Otto Close, Westlake, 7945
Postal Address	P.O. Box 31142 Tokai 7966
Toll Free	+27 800 111 899
Reception	+27 21 700 3600
E-mail	pmancoadmin@prescient.co.za
Website	www.prescient.co.za

CONTACT AFRICAN ALLIANCE ADVISORY (PTY) LTD

Physical Address	Illovo Edge Office Block, Building 4, 9 Harries Road, Illovo, 2196
Postal Address	Postnet Suite 78, Private Bag X11, Birnam Park, 2015
Telephone	+27 11 214 8300
E-mail	sales@africanalliance.com
Website	www.africanalliance.com

COMPLIANCE DEPARTMENT

Compliance Officer	Charmaine Tew
Physical Address	Prescient House, Westlake Business Park, Otto Close, Westlake, 7945
Postal Address	P.O. Box 31142 Tokai 7966
Toll Free	+27 800 111 899
Reception	+27 21 700 3600
E-mail	compliance@prescient.co.za
Website	www.prescient.co.za

COMPLAINTS

Please do not hesitate to contact us if you are not satisfied with this investment or the services received from Prescient. A complaint must be submitted to the Compliance Officer. Prescient will acknowledge the complaint in writing and will inform the investor of the contact details of the persons involved in the resolution thereof. Should you wish to lodge a complaint regarding the services being provided, an email can be sent to complaints@prescient.co.za or alternatively you can obtain our complaints policy, conflict of interest policy from the compliance department (address above).

Should you have a complaint related to the advice given by your financial advisor, please submit this complaint directly to your financial advisor. If an investor is still not satisfied with the response from the Financial Advisor, he/she has the right to address his/her complaint in writing to the Ombud for Financial Services Providers at the address below. The Ombud is legally empowered to investigate and adjudicate complaints in a procedurally fair, economical and expeditious manner.

Postal Address	P.O. Box 74571 Lynnwood Ridge 0040
Telephone	+27 12 470 9080
Fax	+27 12 348 3447
E-mail	info@faisombud.co.za