

Once completed this form should be faxed/delivered to:

Instruction Forms can also be mailed to:

African Alliance Botswana Management Company Limited
Fax: +267 318 8956
Phone: +267 364 3900
(Please confirm telephonically that the fax 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:
African Alliance House, Fairgrounds Office Park, Plot 50361, Gaborone, Botswana

Investor Details		To be Completed by African Alliance	
Client Name		Received	Date
Client Number	New Client <input type="checkbox"/>	Portfolio Number	Initials
Contact Telephone		Details Verified	
		Processed	
		Paid - Cheque no	

Transaction	
Investment	Deposit Slip Attached <input type="checkbox"/> Completed Cheque <input type="checkbox"/> Attached Copy of Fund Transfer <input type="checkbox"/> Stop Order Copy Attached <input type="checkbox"/>

Investment Instruction				
Fund	Portfolio Number	New <input checked="" type="checkbox"/> Portfolio	Investment Amount	
			Lump Sum	Stop Order
African Alliance Botswana Value Fund	_____ DP _____		min 1 000 lump sum/100 monthly BWP	min 1 000 lump sum/100 monthly BWP
African Alliance Botswana Global Allocation Fund	_____ DP _____		min 1000 BWP	min 200 BWP
African Alliance Botswana Global Income Fund	_____ DP _____		min 1000 BWP	min 200 BWP
African Alliance Botswana Liquidity Fund	_____ DP _____		min 500 BWP	min 200 BWP
African Alliance Botswana Enhanced Yield Fund	_____ DP _____		min 500 000 BWP	Stop Order
Source of Funds		TOTAL	BWP	BWP
			(This amount must match cheque/Deposit slip/copy of Fund Transfer)	

Comments (To be completed by African Alliance)		Income Distribution - mark with X	
		Re-invest <input type="checkbox"/>	Pay into Bank Account <input type="checkbox"/>
<p>Note: All income distribution will automatically be re-invested unless stated otherwise. Income distributions less than BWP 100.00 will also automatically be re-invested. this section only to be completed if this is the first investment made or if there must be a change.</p>			

Indemnity

I/We agree that any investment 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 investment 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.

Investment Notes

All cheques to be made payable to : **African Alliance Botswana Management Company Limited.**
Cash is not accepted at the offices of African Alliance Botswana and should not be paid to staff, agents or brokers under any circumstances.
Cash payments should be deposited directly into the bank accounts detailed below and copies of the deposit slip faxed or delivered to the offices of African Alliance along with this Instruction Form.
Investments in units are subject to the terms of the relevant Trust Deed, which are available at African Alliance Offices. Investment Instructions (this form) received and confirmation of cleared Funds in the below accounts by 12h00 each day will result in the allocation of the Investment in the relevant Fund to the value of the Funds received on the same day providing that it is a business day, otherwise this will be done on the following business day.
Investments are made at the price ruling of units at the close of business on that day.
All investments in the African Alliance Botswana Unit Trust Scheme should be invested into:
African Alliance Botswana Unit Trust Scheme
Stanbic Bank Botswana
Fairground
Account Name - African Alliance Unit Trust Scheme
Current Account No - 9060000660944
Branch Code - 064967
Swift Code - SBICBWGX

Debit Order Instruction		
Recurring / Monthly Debit Order <input type="checkbox"/>	Once-Off Debit Order <input type="checkbox"/>	
I/We hereby authorise African Alliance Botswana to debit the bank account listed below with:	I/We hereby authorise African Alliance Botswana to debit the bank account listed below as a once-off Debit with:	
Start Date of Debit Order	BWP ___ DD ___ / ___ MM ___ / 2 ___ YYYY	Date of Debit Order
On the of <input style="width: 30px;" type="text"/> each Month	BWP ___ DD ___ / ___ MM ___ / 2 ___ YYYY	
Bank Details for Debit Order	Annual Increase of Debit Order on anniversary of Investment Yes <input type="checkbox"/> No <input type="checkbox"/>	Authorised Bank Account Signatory
Bank Name <input style="width: 100%;" type="text"/> Account Name <input style="width: 100%;" type="text"/> Branch Name <input style="width: 100%;" type="text"/> Account Number <input style="width: 100%;" type="text"/> Branch Number <input style="width: 100%;" type="text"/>	Percentage of Increase 5% <input type="checkbox"/> 10% <input type="checkbox"/> 15% <input type="checkbox"/> 20% <input type="checkbox"/>	

Changes to Debit Order Instruction	
Recurring / Monthly Debit Order	Authorised Bank Account Signatory
Cancel the Debit Order from ___ DD ___ / ___ MM ___ / 2 ___ YYYY	
Continue the Debit Order but change the amount to <input style="width: 100px;" type="text"/> BWP	

I/We confirm that all information provided herein is true and correct and that I have read and understood the contents of this application form.

Authorised Signatories			
Signature 1		Name	
Signature 2		Name	
Signature 3		Name	
Signature 4		Name	
Number of Required Signatories on this account		Date	___ DD ___ / ___ MM ___ / 2 ___ 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.