

INVESTMENT APPLICATION FORM (ENTITY)

INVESTMENT PROCESS

STEP 1

- Please refer to the Minimum Disclosure Document (MDD) in respect of your selected Portfolios before completing this investment form. The minimum disclosure document reflects the fees, investment objectives, risk profile and income distribution dates for your chosen portfolio(s).
- Please read the RCIS Fund Information Document for Terms & Conditions, Investment and Redemption cut-off times as well as specific disclosures relating to your investment.



STEP 2

- Please complete all relevant sections within this investment form.
- Complete all necessary Annexures:
 - Annexure A - FICA Checklist (Compulsory)
 - Annexure C - FATCA & CRS Form (Compulsory)
 - Annexure D - Dividends Tax Declaration (Exemptions)
 - Annexure E - Dividends Tax Declaration (Reduced Rate)



STEP 3

- Your investment form together with all required supporting documentation set out in Annexure A must be submitted to RCIS for verification **before** we can accept your investment.
- Please send the completed investment form along with the relevant FICA to: clientservices@realfin.co.za
- Once we have verified your identity as required in terms of the Financial Intelligence Centre Act, No.38 of 2001 ("FICA"), we will provide you with our bank details (including a cyber safety and security letter for your attention) and an investor transaction number which you **must use** as your payment reference.
- The verification process is not instantaneous so please ensure that your investment form together with all required supporting documentation is submitted to RCIS to avoid delay of investment.



CONTACT DETAILS

RealFin Collective Investment Schemes (RF) (Pty) Ltd

Tel: +27 21 701 3777

Email: clientservices@realfin.co.za

Website: www.realfin.co.za

Physical Address:

347 Main Road, Kenilworth, Cape Town, 7708

Complaints:

Should you have any complaints, please send an email to complaints@realfin.co.za. Our Complaints Policy is available on our website: www.realfin.co.za

Trustees:

FirstRand Bank Limited (acting through its RMB Trustee Services Division) is the appointed Trustee and can be contacted on 087 736 1732

SECTION 1 | INVESTOR DETAILS

1.1 | DETAILS OF ENTITY

TYPE OF ENTITY:

<input type="checkbox"/> Close Corporation	<input type="checkbox"/> SA Company	<input type="checkbox"/> Foreign Company
<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> Listed Company
<input type="checkbox"/> Collective Investment Scheme	<input type="checkbox"/> Retirement Fund	<input type="checkbox"/> Other <input type="text"/>

Type of Investor: ☐ Retail ☐ Institutional* **An institutional investor is an entity who has registered with the SARB's Financial Surveillance Department.*

Registered Name: Trading Name:

Registration Number: Income Tax Reference Number:

Country of Residence for Tax Purposes: VAT Registration Number:

Do you have a U.S Income Tax Number/Tax Residence/Nationality? ☐ Yes ☐ No

Business Address:

Code:

Business Postal Address: Code:

1.2 | SOURCE OF FUNDS

Please specify your source of funds:

<input type="checkbox"/> Company Profits	<input type="checkbox"/> Investment Proceeds	<input type="checkbox"/> Sale of Assets
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Operational Cash Flows	<input type="checkbox"/> Transfer from FSP
<input type="checkbox"/> Member's Contribution	<input type="checkbox"/> Other (specify): <input type="text"/>	

RCIS reserves the right to request documentary proof (e.g. income statement, bank statement). Please note that electronic internet transfers may take up to two business days to reflect in our bank account.

Please describe the entity's activities (ie. what industry it is in, what products / services it sells etc.)

Will you be concluding a single transaction (once-off only) ☐ or more than one transaction, ☐ over a certain period of time?

1.3 | DETAILS OF CONTACT PERSON(S)

CONTACT 1

Contact Person: ID Number:

Capacity: Email Address:

Telephone (Mobile): Telephone (Work):

Investor's Communication Choice: Email ☐ Post ☐

CONTACT 2

Contact Person: ID Number:

Capacity: Email Address:

Telephone (Mobile): Telephone (Work):

Investor's Communication Choice: Email ☐ Post ☐

1.4 | DETAILS OF PERSON(S) TO RECEIVE COMMUNICATION/STATEMENTS PERTAINING TO INVESTMENT

ONLY to be completed if the details are different from main contact person(s) in Section 1.3.

CONTACT 1

Contact Person:	<input type="text"/>	ID Number:	<input type="text"/>
Capacity:	<input type="text"/>	Email Address:	<input type="text"/>
Telephone (Mobile):	<input type="text"/>	Telephone (Work):	<input type="text"/>

CONTACT 2

Contact Person:	<input type="text"/>	ID Number:	<input type="text"/>
Capacity:	<input type="text"/>	Email Address:	<input type="text"/>
Telephone (Mobile):	<input type="text"/>	Telephone (Work):	<input type="text"/>

SECTION 2 | RELATED PARTY DETAILS

HOW TO COMPLETE:

1. Please list all related parties based on your entity type in **Section 2.1 RELATED PARTIES SUMMARY**.

Example: If your entity type is a Company, the related parties will include a Chief Executive Officer/Managing Director, individuals authorised to act on behalf of the company, shareholders holding 5% or more, etc.

2. Complete a Related Party section (**Section 2.2 RELATED PARTIES DETAILS**) for each party listed in the summary under Section 2.1.

3. Provide the relevant FICA documents for each Related Party (refer to **Annexure A FICA REQUIREMENTS** in the Annexure Pack).

IMPORTANT: Please provide an organogram (signed by a director, senior management, company secretary or compliance officer) portraying the shareholders who own 5% or more of the entity (directly and indirectly). Further information may be requested based on the shareholding.

	Company	Trust	Partnership	Other Legal Entity
Related Parties	<ul style="list-style-type: none"> Chief Executive Officer/Managing Director Authorised signatories Shareholders holding 5% or more Ultimate beneficial owner(s) (UBO) 	<ul style="list-style-type: none"> Founder Trustee(s) Beneficiaries of the trust (UBOs) Authorised signatories 	<ul style="list-style-type: none"> Partners (i.e. ultimate beneficial owners) Authorised signatories Persons exercising executive control 	<ul style="list-style-type: none"> Members Authorised signatories Persons exercising executive control Ultimate beneficial owner(s) (UBO)

2.1 | RELATED PARTIES SUMMARY

Full Name:	<input type="text"/>	Capacity:	<input type="text"/>
Full Name:	<input type="text"/>	Capacity:	<input type="text"/>
Full Name:	<input type="text"/>	Capacity:	<input type="text"/>
Full Name:	<input type="text"/>	Capacity:	<input type="text"/>
Full Name:	<input type="text"/>	Capacity:	<input type="text"/>
Full Name:	<input type="text"/>	Capacity:	<input type="text"/>
Full Name:	<input type="text"/>	Capacity:	<input type="text"/>
Full Name:	<input type="text"/>	Capacity:	<input type="text"/>
Full Name:	<input type="text"/>	Capacity:	<input type="text"/>
Full Name:	<input type="text"/>	Capacity:	<input type="text"/>
Full Name:	<input type="text"/>	Capacity:	<input type="text"/>

2.2 | RELATED PARTIES DETAILS

RELATED PARTY

PLEASE TICK THE RELEVANT CATEGORY

- | | | |
|--|--|--|
| <input type="checkbox"/> Chief Executive Officer or Managing Director | <input type="checkbox"/> Authorised Representative/Signatory | <input type="checkbox"/> Founder |
| <input type="checkbox"/> Persons exercising executive control | <input type="checkbox"/> Member | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Shareholder holding 5% or more of the voting rights | <input type="checkbox"/> Partner | <input type="checkbox"/> Beneficiary of trust |
| Percentage holding: <input type="text"/> | | <input type="checkbox"/> Ultimate Beneficial Owner (UBO) |

Full Name(s): ID Number/Registration:

Business/Residential Address:

Nationality (if individual): Profession/Industry of Work:

Country of Residence/Incorporation:

Tax Reference Number : Tax Residency/Obligations:

Telephone (Home/Mobile) : Email Address:

Please briefly describe the activities of your entity or business (ie. what industry it is in, what products / services it sells etc.)

Have you occupied the position of a **Domestic Politically Exposed Person (DPEP)**, **Foreign Politically Exposed Person (FPEP)** or **Prominent Influential Person (PIP)**? See section 2.4 for details

☐ Yes ☐ No If "Yes", please indicate that position that you occupy/occupied:

If "Yes", please indicate your source of wealth:

RELATED PARTY

PLEASE TICK THE RELEVANT CATEGORY

- | | | |
|--|--|--|
| <input type="checkbox"/> Chief Executive Officer or Managing Director | <input type="checkbox"/> Authorised Representative/Signatory | <input type="checkbox"/> Founder |
| <input type="checkbox"/> Persons exercising executive control | <input type="checkbox"/> Member | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Shareholder holding 5% or more of the voting rights | <input type="checkbox"/> Partner | <input type="checkbox"/> Beneficiary of trust |
| Percentage holding: <input type="text"/> | | <input type="checkbox"/> Ultimate Beneficial Owner (UBO) |

Full Name(s): ID Number/Registration:

Business/Residential Address:

Nationality (if individual): Profession/Industry of Work:

Country of Residence/Incorporation:

Tax Reference Number : Tax Residency/Obligations:

Telephone (Home/Mobile) : Email Address:

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If "Yes", please indicate your source of wealth:

RELATED PARTY

PLEASE TICK THE RELEVANT CATEGORY

- ☐ Chief Executive Officer or Managing Director
☐ Persons exercising executive control
☐ Shareholder holding 5% or more of the voting rights
Percentage holding:

- ☐ Authorised Representative/Signatory
☐ Member
☐ Partner

- ☐ Founder
☐ Trustee
☐ Beneficiary of trust
☐ Ultimate Beneficial Owner (UBO)

Full Name(s): ID Number/Registration:

Business/Residential Address:

Nationality (if individual): Profession/Industry of Work:

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☐ Yes ☐ No If "Yes", please indicate that position that you occupy/occupied:

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PLEASE TICK THE RELEVANT CATEGORY

- ☐ Chief Executive Officer or Managing Director
☐ Persons exercising executive control
☐ Shareholder holding 5% or more of the voting rights
Percentage holding:

- ☐ Authorised Representative/Signatory
☐ Member
☐ Partner

- ☐ Founder
☐ Trustee
☐ Beneficiary of trust
☐ Ultimate Beneficial Owner (UBO)

Full Name(s): ID Number/Registration:

Business/Residential Address:

Nationality (if individual): Profession/Industry of Work:

Country of Residence/Incorporation:

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If "Yes", please indicate your source of wealth:

RELATED PARTY

PLEASE TICK THE RELEVANT CATEGORY

- | | | |
|--|--|--|
| <input type="checkbox"/> Chief Executive Officer or Managing Director | <input type="checkbox"/> Authorised Representative/Signatory | <input type="checkbox"/> Founder |
| <input type="checkbox"/> Persons exercising executive control | <input type="checkbox"/> Member | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Shareholder holding 5% or more of the voting rights | <input type="checkbox"/> Partner | <input type="checkbox"/> Beneficiary of trust |
| Percentage holding: <input type="text"/> | | <input type="checkbox"/> Ultimate Beneficial Owner (UBO) |

Full Name(s): ID Number/Registration:

Business/Residential Address:

Nationality (if individual): Profession/Industry of Work:

Country of Residence/Incorporation:

Tax Reference Number : Tax Residency/Obligations:

Telephone (Home/Mobile) : Email Address:

Please briefly describe the activities of your entity or business (ie. what industry it is in, what products / services it sells etc.)

Have you occupied the position of a **Domestic Politically Exposed Person (DPEP)**, **Foreign Politically Exposed Person (FPEP)** or **Prominent Influential Person (PIP)**? See section 2.4 for details

☐ Yes ☐ No If "Yes", please indicate that position that you occupy/occupied:

If "Yes", please indicate your source of wealth:

RELATED PARTY

PLEASE TICK THE RELEVANT CATEGORY

- | | | |
|--|--|--|
| <input type="checkbox"/> Chief Executive Officer or Managing Director | <input type="checkbox"/> Authorised Representative/Signatory | <input type="checkbox"/> Founder |
| <input type="checkbox"/> Persons exercising executive control | <input type="checkbox"/> Member | <input type="checkbox"/> Trustee |
| <input type="checkbox"/> Shareholder holding 5% or more of the voting rights | <input type="checkbox"/> Partner | <input type="checkbox"/> Beneficiary of trust |
| Percentage holding: <input type="text"/> | | <input type="checkbox"/> Ultimate Beneficial Owner (UBO) |

Full Name(s): ID Number/Registration:

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Nationality (if individual): Profession/Industry of Work:

Country of Residence/Incorporation:

Tax Reference Number : Tax Residency/Obligations:

Telephone (Home/Mobile) : Email Address:

Please briefly describe the activities of your entity or business (ie. what industry it is in, what products / services it sells etc.)

Have you occupied the position of a **Domestic Politically Exposed Person (DPEP)**, **Foreign Politically Exposed Person (FPEP)** or **Prominent Influential Person (PIP)**? See section 2.4 for details

☐ Yes ☐ No If "Yes", please indicate that position that you occupy/occupied:

If "Yes", please indicate your source of wealth:

RELATED PARTY

PLEASE TICK THE RELEVANT CATEGORY

- ☐ Chief Executive Officer or Managing Director
☐ Persons exercising executive control
☐ Shareholder holding 5% or more of the voting rights
Percentage holding:

- ☐ Authorised Representative/Signatory
☐ Member
☐ Partner

- ☐ Founder
☐ Trustee
☐ Beneficiary of trust
☐ Ultimate Beneficial Owner (UBO)

Full Name(s): ID Number/Registration:

Business/Residential Address:

Nationality (if individual): Profession/Industry of Work:

Country of Residence/Incorporation:

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☐ Yes ☐ No If "Yes", please indicate that position that you occupy/occupied:

If "Yes", please indicate your source of wealth:

RELATED PARTY

PLEASE TICK THE RELEVANT CATEGORY

- ☐ Chief Executive Officer or Managing Director
☐ Persons exercising executive control
☐ Shareholder holding 5% or more of the voting rights
Percentage holding:

- ☐ Authorised Representative/Signatory
☐ Member
☐ Partner

- ☐ Founder
☐ Trustee
☐ Beneficiary of trust
☐ Ultimate Beneficial Owner (UBO)

Full Name(s): ID Number/Registration:

Business/Residential Address:

Nationality (if individual): Profession/Industry of Work:

Country of Residence/Incorporation:

Tax Reference Number : Tax Residency/Obligations:

Telephone (Home/Mobile) : Email Address:

Please briefly describe the activities of your entity or business (ie. what industry it is in, what products / services it sells etc.)

Have you occupied the position of a **Domestic Politically Exposed Person (DPEP)**, **Foreign Politically Exposed Person (FPEP)** or **Prominent Influential Person (PIP)**? See section 2.4 for details

☐ Yes ☐ No If "Yes", please indicate that position that you occupy/occupied:

If "Yes", please indicate your source of wealth:

Please request an **ADDITIONAL RELATED PARTIES DETAILS** form if there are more than 8 related parties.

2.4 | DOMESTIC POLITICALLY EXPOSED, FOREIGN POLITICALLY EXPOSED & PROMINENT INFLUENTIAL PERSONS

"DPEP" a **Domestic Politically Exposed Person** is an individual who:

(A) holds, including in an acting position for a period exceeding six months, or has held a prominent public function in the Republic, including that of –

- President or deputy president of South Africa;
- Government minister or deputy minister;
- Premier of a province;
- Member of executive council of a province;
- Head, accounting officer or chief financial officer of a national or provincial department or government component;
- Chairperson, chief executive officer, accounting authority, chief financial officer or chief investment officer of a public entity;
- Chairperson of the controlling body, chief executive officer, chief financial officer or chief investment officer of a municipal entity
- Constitutional court judge or any other judge as defined in section 1 of the Judges' Remuneration and Conditions of Employment Act, 2001 (Act No. 47 of 2001)
- Ambassador, high commissioner or senior representative of a foreign country who is based in South Africa;
- Officer of the South African National Defence Force above the rank of major-general
- Executive mayor of a municipality;
- Leader of a political party;
- Member of a royal family or a senior traditional leader;
- Municipal manager or chief financial officer of a municipality;

(B) holds, including in an acting position for a period exceeding six months, or has held the position of head, or other executive directly accountable to that head, of an international organisation.

"FPEP" a **Foreign Politically Exposed Person** is an individual who holds, or has held, in any foreign country a prominent public function including that of a:

- Head of State or head of a country or government;
- Member of a foreign royal family;
- Government minister or equivalent senior politician or leader of a political party;
- Senior judicial officer;
- Senior executive of a state-owned corporation; or
- High-ranking member of the military.

"PIP" a **Prominent Influential Person** is an individual who holds, or has held at any time in the preceding 12 months, the position of:

- Chairperson of the board of directors;
- Chairperson of the audit committee;
- Executive officer; or
- Chief financial officer, of a company, as defined in the Companies Act, 2008 (Act No. 71 of 2008), if the company provides goods or services to an organ of state and the annual transactional value of the goods or services or both exceeds an amount determined by the Minister by notice in the Gazette.

SECTION 3 | INVESTOR BANKING DETAILS (Account to be used for distribution & redemption payments)

Account Holder:	<input type="text"/>	Account Number:	<input type="text"/>
Bank:	<input type="text"/>	Branch Code:	<input type="text"/>
Branch Name:	<input type="text"/>		
Account Type:	Current <input type="checkbox"/>	Cheque <input type="checkbox"/>	Savings <input type="checkbox"/> Transmission <input type="checkbox"/>

- Please supply proof of bank account details (on a bank letterhead and not older than 3 months)
- All payments are made electronically to the bank accounts of the registered client only
- The account holder must have a South African bank account
- No payments will be made to credit card or market-linked accounts
- No third party bank accounts are permitted

Please note that it is the investor's responsibility to keep RCIS informed of any changes to your bank account details.

SECTION 4 | INVESTMENT OPTIONS

Please make sure that you have read and understood the RCIS Fund Information Document as well as the Minimum Disclosure Document for the desired portfolio(s), before completing the below. Kindly note that debit orders are not available for these portfolio(s).

PORTFOLIO NAME	FEE CLASS	INVESTMENT AMOUNT	DATE	DISTRIBUTIONS	
				RE-INVESTED	PAID OUT
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

A schedule of fees, charges and maximum commissions is available on request from RCIS.

If you have elected to invest into a Qualified Investor Hedge Fund, please complete Section 5.

SECTION 5 | QUALIFIED INVESTOR DECLARATION (IF APPLICABLE)

A Qualified Investor, as defined by Board Notice 52 of 2015 is: any person who invests a minimum investment amount of R1 million per hedge fund and who:

- (a) has demonstrable knowledge and experience in financial and business matters which would enable the investor to assess the merits and risks of a hedge fund; or
- (b) has appointed a Financial Services Provider (FSP) who has demonstrable knowledge and experience to advise the investor regarding the merits and risks of a hedge fund investment.

Please tick the appropriate boxes below:

- ☐ I confirm that the minimum investment amount will be R1 million or above per Qualified Hedge Fund Portfolio set out in Section 4
- ☐ I confirm that I have the required knowledge and experience in financial and business matters to choose this investment. I further confirm that I have read and understood the nature of a Qualified Investor Hedge Fund, including the Hedge Fund Risk Disclosures set out in Section 5 of the RCIS Fund Information Document; or
- ☐ I hereby confirm that my knowledge is limited and that my financial advisor has been appointed to provide me with the necessary advice in relation to this investment. My financial advisor has explained this investment to me and I confirm that I understand the nature of a Qualified Investor Hedge Fund, including the Hedge Fund Risk Disclosures set out in Section 5 of the RCIS Fund Information Document.

SECTION 6 | FINANCIAL ADVISOR DETAILS (IF APPLICABLE)

Full Name and Surname of Financial Advisor:	<input type="text"/>		
Name of Financial Services Provider (FSP):	<input type="text"/>		
FSP License Number:	<input type="text"/>	Financial Advisor Code:	<input type="text"/>
Licence Category:	<input type="checkbox"/> Category I	<input type="checkbox"/> Category II	<input type="checkbox"/> Category IIA
VAT vendor Status:	<input type="checkbox"/> Registered	<input type="checkbox"/> Not Registered	VAT Number: <input type="text"/>

6.1 | FINANCIAL ADVISOR SECTION

6.1.1 FAIS DECLARATION

I, the appointed Financial Advisor for this investment application declare that:

- I am licensed to render services in respect of this product.
- I have made the disclosures required in terms of the Collective Investment Schemes Control Act and Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS) and subordinate legislation thereto, to the investor.
- I have explained all fees that relate to this investment to the investor and I understand and accept that the investor may withdraw his/her authority for payment to me in writing and inform the manager.
- I have fully explained the meaning and implications of replacement (if applicable) to the investor and that I am fully aware of the possible detrimental consequences of replacement.
- My personal information may be used by the manager in the normal course of business to provide the products and services and the manager may retain any information for purposes of investment transactions, processing and administration and to communicate directly with me. Personal information will not be given or sold to any third parties. The manager will disclose or report personal information if and when required to do so by law or any regulatory authority, and to our employees, or agents who require such information to carry out their duties.

6.1.2 FICA CONFIRMATION

- I confirm that I have established and verified the identity of the investor (and persons acting on behalf of the investor) in accordance with the Financial Intelligence Centre Act 38 of 2001 "FICA" and the regulations thereto, and I will keep records of such identification and verification according to the provisions of FICA.
- I confirm that I have internal rules and procedures in compliance with the requirements of FICA regarding the establishing and verification of client's identity and establish and verify the identity of all new clients. I further confirm that I will keep record of the verification documents as required in terms of the said Act and will make available copies of these documents and details of the verification procedures followed on request to any party entitled thereto in terms of The Act.
- I have accepted appointment by RCIS to collect, on behalf of RCIS, all documentation which RCIS may require from the investor in order for RCIS to be satisfied that it has established and verified the identity of the investor (and persons acting on behalf of the investor) in accordance with RCIS' risk management and compliance programme and any other relevant policies and their obligations as an accountable institution in terms of applicable law and enclose such documentation together with this application as per the FICA requirements section of Annexure A.

Authorised Signature:	<input type="text"/>	Date:	<input type="text"/>
Capacity:	<input type="text"/>	Place of Signature:	<input type="text"/>

6.2 | FINANCIAL SERVICES PROVIDER

(This section is only applicable if the FSP above holds a 'Category II' Licence with the FSCA and is therefore an approved discretionary FSP)

Please tick the appropriate boxes:

- ☐ I confirm that I have entered into a mandate with the above approved discretionary FSP.
- ☐ I confirm that I have not entered into a mandate with the above approved discretionary FSP.
- ☐ I agree and understand that, in terms of the mandate, the FSP may give RCIS investment instructions directly, and I authorise RCIS to accept all instructions, including electronic transactions, submitted by the FSP on my behalf.

6.3 | CONFIRMATION OF FINANCIAL ADVISOR FEES

I hereby confirm that the financial advisor whose details are recorded above is my appointed Financial Advisor, and I agree to the payment of the following fees:

PORTFOLIO	INITIAL ADVICE FEE (%)	ONGOING ADVICE FEE (%)

Initial Advice Fee (%) Applied to each contribution received, exclusive of VAT.

Ongoing Advice Fee (%) Per annum of the market value of the portfolio, charged by means of unit reduction and paid to the Financial Advisor monthly in arrears, exclusive of VAT.

I hereby authorise RCIS to make payment of the above fees to my appointed Financial Advisor on my behalf. I hereby authorise RCIS to sell units proportionately across my portfolios in order to fund payment of the fees due by me to my appointed financial advisor. This instruction may be revoked at any time in writing, but until such time as it is revoked, RCIS shall make payment in accordance with this instruction and shall not be liable for any loss which I may suffer as a result of this instruction or my failure to timeously revoke this instruction.

Authorised Signature:

Date:

Capacity:

Place of Signature:

SECTION 7 | INVESTOR DECLARATION

I/We understand and have read all the pages of this investment form and agree to the **Terms and Conditions** set out in **Section 6** of the **RCIS Fund Information Document**. I/We understand that this investment application form, read together with the Deed and Supplemental Deed of the relevant portfolio(s), constitutes the entire agreement between myself/ourselves and RCIS.

I/We understand and/or confirm that:

- The information which I/we have provided is true and correct, and that if this investment form is signed in a representative capacity, I/we have the necessary authority to do so and that this transaction is within my/our powers.
- I/We understand that I/we are responsible for ensuring that RCIS always has up to date information and should any information provided herein to RCIS change I/we undertake to immediately notify RCIS of such changed information.
- I/We am/are acting for my/our own account and that I/we have made my/our decision(s) to enter into the investment and as to whether the investment is appropriate for me/us independently, based upon my/our own judgement, and upon advice from such advisers as I/we may deem necessary.
- I understand that the manager will accept instructions from my FSP only if duly appointed and authorised in writing by me. The manager will not be held liable for any losses that may result from unauthorised instructions given to the manager by my FSP.
- I hereby authorise the manager to furnish written reports to my duly appointed FSP, if applicable.
- I/We declare that I am/we are not relying on any communication received from RCIS, whether written, oral or implied as investment advice or as a recommendation to enter into the investment.
- I/We understand that information and explanations relating to the terms of an investment shall not be considered investment advice or a recommendation to enter into the investment. I/we acknowledge that RCIS is not authorised to provide investment advice to me/us.
- RCIS will only be able to process investments once all relevant FICA documentation has been received and funds have been received into our bank account and proof of deposit provided to us. Any delay in providing FICA documentation or depositing funds and providing proof thereof may lead to a delay in processing an investment and I/We acknowledge that we shall have no recourse against RCIS for any loss which I/we may suffer in this regard.
- RCIS 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 RCIS cannot be held liable, and the investor hereby waives any claim, for any resultant losses as a result thereof.
- SARS requires RCIS to withhold and pay over dividend tax on an investor's behalf where applicable. RCIS will deduct this tax before it pays any dividends or re-invests these into your investment account. Unless RCIS receives information from you indicating otherwise, accounts held by South African trusts, companies and partnerships will attract the Dividend Withholding Tax "DWT" at the stipulated rate, which is currently 20% (such rate subject to change).
- I/We will notify RCIS immediately if my/our tax residency or FATCA, CRS or equivalent classification changes from that certified in Annexure C in the future.
- RCIS will not be responsible for any failure, malfunction or delay of any networks, electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of applications and/or transactions. RCIS will not be liable to make good or compensate any investor or third party for any damages, losses, claims or expenses resulting therefrom.
- I/We acknowledge the inherent risk associated with the selected Hedge Fund(s) and/or Unit Trust(s) and that there are no performance guarantees. I/we have received, read and understand the following sections: **Hedge Fund Disclosure Risk** (as outlined in **Section 5**); the **Terms of Conditions** (as outlined in **Section 6**) the **Mandatory Disclosures** (as outlined in **Section 7**) and the **Data Protection Notice and Consent** (as outlined in **Section 8**) of the **RCIS Fund Information Document**, and the **Minimum Disclosure Document** in respect of the Portfolios which I/we have selected.
- I/We have read, understand and acknowledge the requirements and responsibilities in agreeing to the **Investor Discretionary Mandate Declaration** (as outlined in **Section 6.2**).
- I/We consent to receiving the Minimum Disclosure Document via the RCIS website (www.realfin.co.za) or via email request from clientservices@realfin.co.za
- I/We consent to RCIS utilising electronic balloting in accordance with the Deed.
- I/We hereby indemnify and hold RCIS harmless against any loss which RCIS may suffer as a result of any of the above representations proving to be untrue and I/we hereby undertake to pay to RCIS, forthwith on demand, any amount which RCIS may claim in terms of this indemnity.
- Any personal information may be used by RCIS in the normal course of business to provide the products and services and RCIS may retain any information for purposes of investment transactions, processing and administration and to communicate directly with me. Personal information will not be given or sold to any third parties. RCIS will disclose or report personal information if and when required to do so by law or any regulatory authority, and to RCIS's employees (if relevant), or agents who require such information to carry out their duties. I/we consent to the processing of my/our personal information/data and the disclosure of my/our personal information/ data to any tax authority and/or as may be required to comply with FATCA and the Common Reporting Standard (CRS) as explained in Annexure C – Tax Residency Self-Certification, attached hereto. I consent to RCIS making enquiries of whatsoever nature and in particular the use of a digital KYC solution for the purpose of identification and verification requirements in terms of FICA and for the purpose of verifying the information disclosed in this application and I expressly consent to RCIS obtaining any other information concerning me from any source whatsoever to enable RCIS to process this application. To view our full privacy notice, please visit our website on www.realfin.co.za.

Authorised Signature:

Date:

Name and Surname:

Place of Signature:

Authorised Signature:

Date:

Name and Surname:

Place of Signature: