REALFIN COLLECTIVE INVESTMENT SCHEMES INVESTOR REVIEW FORM

IMPORTANT INFORMATION

- Please complete all relevant sections within this Investor Review Form.
- Please provide the relevant FICA documentation that corresponds to the updates being provided, or where the documentation is different to that which was provided with your original investment.
- Please upload the completed Investor Review Form along with the relevant FICA to the secure link sent via email.



CONTACT DETAILS

Management Company - RCIS	Tel: +27 21 701 3777	Email: clientservices@realtin.co.za	Website: www.realfin.co.za		
Physical Address:	347 Main Road, Kenilworth, Cap	e Town, 7708.			
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Complaints:	Should you have any complaints, please send an email to <u>complaints@realfin.co.za</u> .				
Trustees:	FirstRand Bank Limited (acting can be contacted on 087 736 17	=	ivision) is the appointed Trustee and		
SECTION 1 EXISTING INVESTOR DETAILS					
Existing Investor Number:	Full N	Jame:			
ID/Passport Number (Foreign Na	ational):				
Telephone (Home or Mobile) :		Email Address:			
SECTION 2 UPDATED INVESTOR DETAILS					
Title: Surname:		Full Name(s):			
Gender: Male Female	ID or Passport Number (Fore	ign National):			
Country of Birth:		Date of Birth (DD/MM/YYYY):			
Income Tax No.*:		Marital Status: Single Marri	ed (ICOP) Married (OCOP)		
Physical Address:					
			Code:		
Postal Address:			Code:		
Telephone (Home or Mobile) :		Email Address:			
Profession:		Investor's Communication Ch	noice: Email Post		
Nature of transaction: Single transaction (once-off only) More than one transaction over a period of time					
*Please note that the Parent's/Guardian's income tax reference number should be provided only if the source of funds is linked to the Parent/					



Guardian. If not, the minor's income tax reference number should be provided.

xposed Person (FPEP) or Prominent Influential Person (PIP)? Yes	No	litically Exposed Person (DPEP), Foreign Politically (see definitions below)
	140	(see definitions below)
"Yes", please indicate the position that you occupy/occupied:		
"Yes", please indicate your source of wealth:		
DPEP " a Domestic Politically Exposed Person is an individual who:		
) holds, including in an acting position for a period exceeding six months	s, or has held a	prominent public function in the Republic,
cluding 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 provinc	ial department	or government component;
Chairperson, chief executive officer, accounting authority, chief financial		·
Chairperson of the controlling body, chief executive officer, chief financia		·
Constitutional court judge or any other judge as defined in section 1 of ct No. 47 of 2001)	the Juages Re	emuneration and Conditions of Employment Act, 2001
Ambassador, high commissioner or senior representative of a foreign co		sed in South Africa;
Officer of the South African National Defence Force above the rank of m) holds, including in an acting position for a period exceeding six months		a position of head, or other executive directly
countable to that head, of an international organisation.	s, or rias riela tr	e position of flead, of other executive directly
FPEP " a Foreign Politically Exposed Person is an individual who holds, or cluding that of a:	has held, in an	y foreign country a prominent public function
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 politic	·al	
arty;	.aı	
PIP" a Prominent Influential Person is an individual who holds, or has held	d 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, 20	008 (Act No. 71	of 2008), if the company provides goods or services to
organ of state and the annual transactional value of the goods or service	es or both exce	eds an amount determined by the Minister by notice in
e Gazette.		
	ECTOP*	
1 INDIVIDUALS ACTING ON BEHALF OF THE INV	ESTOR	
	Capacity	:
full Name(s):		
full Name(s):	Capacity	:
Full Name(s): Full Name(s):	Capacity Capacity	
Full Name(s): Full Name(s): Full Name(s):	Capacity Capacity Capacity Capacity	
Full Name(s):	Capacity Capacity Capacity Capacity	
Full Name(s):	Capacity Capacity Capacity Capacity	
iull Name(s): iull Name(s): iull Name(s): iull Name(s): iull Name(s): OTE: Please fill out an "Annexure B" on page 4 for each person activities is for Parents/Guardians/Persons with Power of Attorney	Capacity Capacity Capacity Capacity	
iull Name(s): iull N	Capacity Capacity Capacity Capacity	
full Name(s): full N	Capacity Capacity Capacity Capacity	
Full Name(s): Full Name(s): Full Name(s): Full Name(s): Full Name(s): OTE: Please fill out an "Annexure B" on page 4 for each person action in the strength of the streng	Capacity Capacity Capacity Capacity	
-1 INDIVIDUALS ACTING ON BEHALF OF THE INV	Capacity Capacity Capacity Capacity ng on behalf of	the investor.



SECTION 3 | BANKING DETAILS

Account Holder	Name:							
					1			
Name of Bank:					Accou	nt Number:		
Branch Name:				Branch	Code:			
Account Type:	Current		Cheque			Savings	Transmission	
 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 investor 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. 								

SECTION 4 | INVESTOR DECLARATION

I declare (as an authorised signatory) that the information provided in this form is, true and correct.

Authorised Signature:	Date (DD/MM/YYYY):
Name and Surname:	Place of Signature:
Authorised Signature:	Date (DD/MM/YYYY):
Name and Surname:	Place of Signature:



ANNEXURE B ADDITIONAL INFORMATION

Details of all parents, legal guardians and power of attorneys must be inserted below. (Please fill out a separate Annexure B form for each person as necessary). PLEASE TICK THE RELEVANT CATEGORY **Parent** Legal Guardian Person with Power of Attorney INDIVIDUALS ACTING ON BEHALF OF THE INVESTOR Full Name(s): ID Number: Residential Address: Nationality: Profession: Country of Residence/Incorporation: Tax Residency/Obligations: Tax Reference Number : Telephone (Home/Mobile): Email Address: Do you occupy or have you in the past 12 months occupied a Domestic Politically Exposed Person (DPEP), Foreign Politically Exposed Person (FPEP) or Prominent Influential Person (PIP) position? Definitions on page 2 If "Yes", please indicate that position that you occupy/occupied: Yes If "Yes", please indicate your source of wealth: Please describe the company or business' activities (ie. what industry it is in, what products / services it sells etc.) **COMPULSORY TAX INFORMATION** Tax Reference Number: Tax Residency/Obligations 1. If you are unable to provide a tax identification number, please can you give a reason:

