



CILSA Investments (Pty) Ltd

Trading as Capital International SA

FINANCIAL SERVICES

Investment Mandate | Part 1

Create tomorrow.
Start today.

Platform | Investment | Treasury

PRODUCT APPLICATION FORM

Investment Management



Please complete all fields, as missing information will cause delays when processing your application.

PART 1

1 Applicant Details

Account Type	<input type="text"/>	Company / Trust / Individual	
Company Name	<input type="text"/>		
Country of Incorporation	<input type="text"/>	Date of Incorporation	<input type="text"/>
Place of Domicile	<input type="text"/>	Incorporation Number	<input type="text"/>
Trust Name	<input type="text"/>		
Type of Trust	<input type="text"/>	Place of Establishment	<input type="text"/>
Date of Establishment	<input type="text"/>	Trust Number	<input type="text"/>
Business Address	<input type="text"/>		
Postcode	<input type="text"/>		

Applicant 1	<input type="text"/>	Director / Trustee / Individual	Applicant 2	<input type="text"/>	Director / Trustee / Individual
Title	<input type="text"/>		Title	<input type="text"/>	
Surname	<input type="text"/>		Surname	<input type="text"/>	
Forename(s)	<input type="text"/>		Forename(s)	<input type="text"/>	
Other/Former Name(s)	<input type="text"/>		Other/Former Name(s)	<input type="text"/>	

Applicants must complete the following details with their permanent Residential Address. 'Care Of' & PO Box addresses are not acceptable.

Address	<input type="text"/>	Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>
Contact Number	<input type="text"/>	Contact Number	<input type="text"/>
Mobile Number	<input type="text"/>	Mobile Number	<input type="text"/>
E-mail Address	<input type="text"/>	E-mail Address	<input type="text"/>
Date of Birth	<input type="text"/>	Date of Birth	<input type="text"/>
Country of Birth	<input type="text"/>	Country of Birth	<input type="text"/>
Nationality	<input type="text"/>	Nationality	<input type="text"/>
ID/Passport No	<input type="text"/>	Expires	<input type="text"/>
Country of Issue	<input type="text"/>	Country of Issue	<input type="text"/>
Tax Residence	<input type="text"/>	Tax Residence	<input type="text"/>
SARS Income Tax No	<input type="text"/>	SARS Income Tax No	<input type="text"/>
SARS VAT No	<input type="text"/>	SARS VAT No	<input type="text"/>
Other Tax Identification No	<input type="text"/>	Other Tax Identification No	<input type="text"/>

Trust or Company Applicants should also complete an Entity Self-Certification form, which can be downloaded [here](#) if required.

You must complete the details below with your current occupation. If you have retired, then please indicate this along with previous occupation.

Occupation	<input type="text"/>	Occupation	<input type="text"/>
Employer's Name	<input type="text"/>	Employer's Name	<input type="text"/>
Address	<input type="text"/>	Address	<input type="text"/>
Postcode	<input type="text"/>	Postcode	<input type="text"/>

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1 Applicant Details (cont'd)

Applicant 1

Preferred contact method Mail / E-mail / Telephone

Applicant 2

Preferred contact method Mail / E-mail / Telephone

Postal Address if different from Business or Residential please state below for each applicant:

Postal Address

Postal Address

Postcode

Postcode

How do you wish to receive statements? E-mail / Post

2 Bank Details

Account Name

Bank Name

Branch

Account Currency

 ZAR / GBP / USD / EUR / Other

Branch Sort Code

Account Number or IBAN

SWIFT/BIC Code

3 Source of Funds

Please indicate the origin(s) from where you are funding your account: Cash Asset Transfer Both

3.1 Cash Transfer Details

Please state the bank/building society details that you are sending monies from to fund your new account below:

Bank/Building Society Name

Branch

Account Currency (Please indicate as appropriate)

 GBP / USD / EUR / Other

Branch Sort Code

Account Name

Account Number or IBAN

SWIFT/BIC Code

The sort code and account number, SWIFT/BIC Code or IBAN can be obtained from your Bank or Building Society branch.

3.2 Asset Transfer Details

Please state the details of the assets you are sending to fund your new account below:

Value of Asset Transfer

Please provide details of where the Asset Transfer is coming from:

Company Name

Company Address

Contact Name

Contact Number

Contact E-mail

NOTE: A current valuation must be sent in with the application form which states the book costs of each asset to be transferred. If the book costs are not provided for the individual assets, then the current market value will be used instead.

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4 Source of Wealth

Please indicate the underlying source of your wealth, e.g. if your wealth is derived from salary/bonus, then please give an indication of your annualised salary. In certain circumstances, it is necessary to perform additional or Enhanced Due Diligence on our applicants for business. This may include, but not be limited to, documents to support the source of wealth.

I/We confirm that the source of my/our wealth represented by the funds to be held in this account derive from:

Description	Amount/Value	Description	Amount/Value
Business Profits	<input type="text"/>	House/Property Sale	<input type="text"/>
Life Savings	<input type="text"/>	Pension Settlement	<input type="text"/>
Salary/Bonus	<input type="text"/>	Inheritance	<input type="text"/>
Business Share/Sale	<input type="text"/>	Other	<input type="text"/>

Please confirm the geographical sphere of the activity in which you conduct your business/occupation:

5 Investment Experience

My investment experience can be described as follows: A / B / C / D or E Please indicate in the box provided

- A** I have never invested in shares, either directly or indirectly.
- B** I have invested a small amount of money in shares and/or unit trusts.
- C** I have occasionally invested a fair amount of money in shares and/or unit trusts.
- D** I have invested in international shares, commodities, options, etc.
- E** I have money in a company retirement plan (pension or provident fund), but I am not sure what my other investments are.

PART 2

6 Services Required

Managed Discretionary Account Tick in the box and continue to complete all sections.

Execution Only Account Tick in the box and go to Section 10 - by electing this service you are declining any advice offered.

Reporting Currency (Please indicate as appropriate) ZAR / GBP / USD / EUR / Other

Investor Profile

7 Investment Objectives Not applicable for 'execution only' accounts

Income / Growth & Income / Growth

Any jurisdictional restrictions

8 Investment Amount Not applicable for 'execution only' accounts

The funds I would like to place under management with Capital International SA constitute % of my total available investment funds

which represents % of my total assets

Total Portfolio Value My investment time horizon is between and years.

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9 Financial Risk & Needs Analysis

Not applicable for 'execution only' accounts

9.1 Personal Details

Age at Retirement Anticipated Retirement Date
 Current Annual Income Retirement Annual Income
 I have completed a written Financial Plan or Estate Plan Yes / No I have prepared a Last Will and Testament Yes / No

9.2 Summary of Priorities

Please indicate your priorities in the boxes provided (1 = Low to 5 = High)

Family Protection / Life Assurance	<input type="checkbox"/> 1 / 2 / 3 / 4 / 5	Income Protection if unable to Work	<input type="checkbox"/> 1 / 2 / 3 / 4 / 5
Critical Illness Cover	<input type="checkbox"/> 1 / 2 / 3 / 4 / 5	Retirement Planning	<input type="checkbox"/> 1 / 2 / 3 / 4 / 5
Mortgage Advice	<input type="checkbox"/> 1 / 2 / 3 / 4 / 5	Increase Savings	<input type="checkbox"/> 1 / 2 / 3 / 4 / 5
Investment Advice	<input type="checkbox"/> 1 / 2 / 3 / 4 / 5	Estate / Inheritance Planning	<input type="checkbox"/> 1 / 2 / 3 / 4 / 5
Education Planning	<input type="checkbox"/> 1 / 2 / 3 / 4 / 5	Medical Care	<input type="checkbox"/> 1 / 2 / 3 / 4 / 5
Corporate Advice	<input type="checkbox"/> 1 / 2 / 3 / 4 / 5	Other	<input type="checkbox"/> 1 / 2 / 3 / 4 / 5

9.3 Risk Tolerance

*Refer to Summary of Priorities above

I would describe my risk tolerance as follows:

- A / B / C or D Please indicate in the box provided
- A Preservation of capital is my single most important concern* C Capital growth is my single most important concern
- B Preservation of capital and income are my most important objectives D Aggressive capital growth (speculative)

You have R10,000 to invest over a ten year period. Consider the range of high and low returns and bear in mind that higher returns often involve greater risks. Which range of possible outcomes would be most acceptable to you? (Please indicate in the box below)

Investment A	Best Case	R45,412	Investment C	Best Case	R27,000
	Worst Case	R6,979		Worst Case	R9,622
Investment B	Best Case	R82,425	Investment D	Best Case	R12,698
	Worst Case	R4,186		Worst Case	R10,118

Investment A / B / C or D Please indicate in the box provided

9.4 Income & Withdrawal Requirements

My annual absolute income requirement from my investment under management with Capital International SA is

Free money on account, including dividends, to be retained or paid away

Payments to be made

A Monthly B Quarterly C Annually D On Request A / B / C or D

I plan to start withdrawing money from my investments in

A Less than 5 years B 5 to 10 years C More than 10 years A / B or C

10 Record of Advice

10.1 Scope of Advice

Wealth Management / Retirement Planning / Product Specific / Other - please state

10.2 Summary of Identified Client Financial Objectives, Priorities and Investment Strategy

Attention is drawn to the Financial Risk and Needs Analysis (see Section 9) wherein is stated a summary of priorities of mutually identified and agreed needs and priorities. We recommend that you contact specialists in those areas specifically that you have identified as high priority issues as Capital International SA does not purport to offer advice other than in its own area of expertise.

Summary of Agreed Investment Strategy

10.3 Specific Investment Strategy and/or Product Selected

Private Portfolio

Capital International SA Funds

Other (please specify)

10.4 Motivation Agreement Investment Strategy

This represents a summary motivation for the selection of strategy options adopted in accordance with Capital International SA's investment focus. Reference is made to your stated and agreed Financial Risk and Needs Analysis. Our objective is to protect and grow Client wealth in real terms, conducting extensive research and analysis to identify sectors in the market that we believe will deliver a positive real rate of return with reasonably limited risk.

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11 Selection of Investment Products

11.1 Product & Services

Listed below is a brief description of the products and strategies we currently offer. Please discuss these options with one of our Portfolio Managers and clearly mark your selection.

Please also note that in doing so, you explicitly authorise The Discretionary Financial Service Provider to act in a discretionary manner to open and manage accounts on your behalf with the relevant Stock Brokers, Banks or Financial Service Providers.

Description (Securities, Instruments & Strategies)	Selection Yes / No	Client Signature
Long-Term Insurance: Category C		
Retail pension benefits		
Shares		
Money market instruments		
FX Transactions		
Debentures and securitised debt		
Warrants, certificates and other instruments		
Bonds		
Structured Deposits		
Participatory Interest in a Hedge Fund		
Derivative instruments		
Participatory interests in collective investment schemes		
Long-term deposits		
Short-term deposits		
Deposits defined in the Banks Act exceeding 12 months		
Deposits defined in the Banks Act -12 months or less		

The payment or reinvesting of cash accruals will be executed in accordance with the Statement of Investment Objectives, and may vary depending on the nature of the underlying product.

11.2 Fee Schedule

The fees vary depending on the investment strategy selected. Each strategy or investment fund has a separate policy document outlining the fees applicable to that strategy.

Unless specifically agreed otherwise, the fees for investment strategies will consist of the following fee structure:

Initial Fee	<input type="text"/>	% of amount invested
Management Fee Private Portfolio	<input type="text"/>	% of portfolio value, per quarter in advance
Management Fee Product (Tick)	<input type="checkbox"/>	Management fee is product specific*
Performance Bonus	<input type="text"/>	% of profit above the high watermark, debited from the trading account, quarterly in arrears
Broker Commission	<input type="text"/>	%
Forex Transfer Fees	<input type="text"/>	%
Investec Corporate Cash Manager	<input type="text"/>	%

Custody Fee, Stock Broker Commission, Forex Transfer Fee, and Admin Fee per trade are broker specific and could change from time to time.

* Refer to product policy document for detailed breakdown of charges and management fees.

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12 Financial Advisor Acknowledgement and Declaration

In relation to this Record of Advice, 'the Record'

I

Furnished the Client with information regarding the relevant terms and conditions of the investment mandate and associated fees. As a duly authorised individual, able to render advice and intermediary services as defined in terms of the FAIS, I acknowledge that this document is an accurate and complete record of the advice and investment recommendations that I gave to

'the Client'

And conducted an appropriate analysis to establish the financial priorities and risk profile of the Client. OR

The Client declined any advice offered by myself and chose to make their own investment decisions.

Client Signature

Date

Print Name

Signature of Authorized Representative

Date

Print Name

13 FATCA | Foreign Accounts Tax Compliance Act Please complete Part A or B as appropriate

Client Declaration

I/we hereby confirm that all information provided is current, true, accurate and complete in every aspect, and undertake to notify of any changes to information provided. In particular any of the information about my/our tax residence or FATCA classification.

I/we understand that Financial Service Providers are required to report to SARS on account holders who are US citizens or residents, or who have unexplained US indicators. For example an address in the US or a US passport number.

I/we hereby give authority for an account to be set up in our name(s) based on the information contained within this document.

For the purposes of FATCA, I/we confirm that:

A I am a US citizen and/or resident in the US for tax purposes and my tax identification number(s) is/are as stated in Part 1 of this document

Applicant 1 Signature

Date

Print Name

Applicant 2 Signature

Date

Print Name

B I am not a US citizen and/or resident in the US for tax purposes and my tax identification number(s) is/are as stated in Part 1 of this document

Applicant 1 Signature

Date

Print Name

Applicant 2 Signature

Date

Print Name

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14 Mandate Declaration (in relation to separate Capital International SA Financial Services Investment Mandate Part 2)

I/we hereby declare that I/we have read and understood the information contained in the separate Capital International SA Financial Services Investment Mandate Part 2, which together with this Part becomes the mandate.

I/we hereby authorise and empower CILSA Investments (Pty) Ltd ("the agent") to act as my/our agent and invest money on my/our behalf with Investec Bank. I/We hereby acknowledge that in granting this mandate I/we assume, except in so far as there may in law be a right of recovery against the agent, all risks connected with the administration of the entrusted funds, as well as the responsibility to ensure that the agent executes the instructions as recorded in this written contract of agency.

I/We further acknowledge that the agent is entitled to levy an administration fee for the services rendered in terms of this contract. The admin fee applicable is detailed in the fee schedule under section 11.2.

Note:

If you have not received the Capital International SA Financial Services Investment Mandate Part 2 then please DO NOT SIGN THIS, and contact your Financial Advisor immediately.

Applicant 1 Signature

Place

Date

Print Name

Applicant 2 Signature

Place

Date

Print Name

15 Counter Signatures

Witness for Applicant 1 Signature

Place

Date

Print Name

Witness for Applicant 2 Signature

Place

Date

Print Name

Discretionary Financial Services Provider Signature

Place

Date

Print Name

Witness Signature for Discretionary Financial Services Provider

Place

Date

Print Name

Advisor/Portfolio Manager Signature

Place

Date

Print Name

Capital International Group

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