

STANLIB MULTI-MANAGER NCIS HEDGE FUNDS FINANCIAL ADVISOR FORM



Novare CIS (RF) (Pty) Ltd | Registration Number: 2013/191159/07 | SARS Registration Number: 9649/248/16/9
 STANLIB Multi-Manager (Pty) Ltd | Registration number 1999/012566/07 | FSP Number: 763

- All sections must be completed in full
- Select applicable boxes with a cross [X]
- Initial any amendments made to the form
- Ensure all information provided is accurate and true
- Your instruction will be processed once all requirements have been met and supporting documentation as per Annexure A has been provided
- **Retail Investor Funds:** applications are processed on a daily basis. The daily cut-off for receipt of instructions is 14h00 in order to receive that day's price.
- **Qualified Investor Funds Investing:** applications are processed on a monthly basis. Your application form must be submitted to Novare CIS before 14h00, 2 business days prior to the end of the month and your proof of payment must be submitted before 14h00

on the last business day of the month. Your application will be processed on the 1st of the following month.

- **Qualified Investor Funds Redemption:** redemptions are processed monthly subject to a 3 month notice period. In order to receive month end prices, your redemption instruction must have been submitted to Novare CIS before 14h00 on the last business day 3 months preceding the month end.
- Completed forms are to be faxed to **087 150 1551** or e-mailed to **hedgetransact@novare.com**
- Should you have any queries regarding this application, please contact Novare CIS (RF) (Pty) Ltd ("Novare") on **0800 668 273 (0800 novare)** or e-mail **clientservice@novare.com**

(A) CORPORATE INFORMATION

Registered name of FSP:

Trading name: (if applicable)

Type of entity: Sole Proprietor/Natural Person (Pty) Ltd Partnership Close Corporation Public Corporation
 Other (specify)

Number of years established:

Income tax number: Registration number:

Tax status: Individual Corporate Non-taxable organisation

VAT number: FSP license number:

Postal address: Code:

Residential address: Code:

Home Telephone: (code) Work Telephone: (code)

Cellphone Number: (code) Fax: (code)

E-mail address:

Website address:

Contracts with other Unit Trusts/Life Companies/LISP's:

Has any other Manager ever refused to give you a Financial Advisor Agreement? **If yes, please specify:**

Y N

Has any other Manager ever cancelled a Financial Advisor Agreement with you? **If yes, please specify:**

Y N

Jurisdiction of FSP: Local Foreign

Main Business activity of the FSP (please describe:)

(B) LIST OF REPRESENTATIVES AND KEY INDIVIDUALS OF THE FSP

Domestic Prominent Influential Person (DPIP) or Foreign Prominent Public Official (FPPO)

In terms of Financial Intelligence Centre Act (FICA), Novare is an accountable institution and is required to establish the risk profile of its clients. This includes determining whether a client is a **Domestic Prominent Influential Person (DPIP)** or **Foreign Prominent Public Official (FPPO)**.

A **DPIP** is a term that describes an individual who holds, including in an acting position for a period exceeding 6 (six) months, or has held at any time in the preceding 12 (twelve) months, in the Republic a prominent public function

A **FPPO** is a term that describes an individual who holds, or has held at any time in the preceding 12 (twelve) months, in any foreign country a prominent public function

Title: Surname:

First name(s):

ID or passport number: (if foreign national, please attach a copy of your ID): Gender: M F

E-mail address:

I consider myself to be, or to be associated with a **DPIP** or **FPPO**? Y N

If yes, please provide details:

Title: Surname:

First name(s):

ID or passport number: (if foreign national, please attach a copy of your ID): Gender: M F

E-mail address:

I consider myself to be, or to be associated with a **DPIP** or **FPPO**? Y N

If yes, please provide details:

Title: Surname:

First name(s):

ID or passport number: (if foreign national, please attach a copy of your ID): Gender: M F

E-mail address:

I consider myself to be, or to be associated with a **DPIP** or **FPPO**? Y N

If yes, please provide details:

Title: Surname:

First name(s):

ID or passport number: (if foreign national, please attach a copy of your ID): Gender: M F

E-mail address:

I consider myself to be, or to be associated with a **DPIP** or **FPPO**? Y N

If yes, please provide details:

(B) LIST OF REPRESENTATIVES AND KEY INDIVIDUALS OF THE FSP (CONTINUED)

Title: Surname:

First name(s):

ID or passport number: (if foreign national, please attach a copy of your ID): Gender: M F

E-mail address:

I consider myself to be, or to be associated with a **DPIP** or **FPPO**? Y N

If yes, please provide details:

If there are additional advisors, these should be provided on an extra page.

Has the Financial Advisor or any of his representatives been debarred? If yes please specify: Y N

<input type="text"/>
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(C) DETAILS OF OWNER(S)

SHAREHOLDINGS

If the FSP is an entity, provide details of shareholders

Names	% Shareholdings
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>

Are any shareholders seen or associated with a **DPIP** or **FPPO**? Y N

If yes, please provide details:

(D) DETAILS OF COMPLIANCE OFFICER

Full name of Compliance Officer:

Postal address:
 Code:

Residential address:
 Code:

Home telephone: (code) Work telephone: (code)

Cellphone number: (code) Fax: (code)

E-mail address:

(E) PRODUCT SELECTION

Retail Investor Hedge Funds Qualified Investor Hedge Funds

(F) PAYMENT OF FEES (Please note that only one fund may be selected)

STANLIB Multi-Manager NCIS Multi-Strategy Retail Hedge Fund

STANLIB Multi-Manager NCIS Alternatives Qualified Fund of Hedge Funds

STANLIB Multi-Manager NCIS Private Assets Qualified Hedge Fund

(G) BANK ACCOUNT DETAILS OF FSP

These banking details will be used to pay any amounts due to the FSP.

Bank: Account number:

Branch: Branch code:

Type of account: Current Transmission Savings

Name of account holder:

Name of authorised person:

Capacity of authorised person:

Authorised signature

Date

(H) DECLARATION

I/We hereby consent, where this is applicable to me/us as registered VAT vendor(s), to the use by Novare of self-invoicing, and confirm that I/we will not issue tax invoices, debit notes or credit notes in respect of the fees payable to me/us by Novare.

I/We warrant the above information to be correct. Novare shall not be liable for any loss or damage suffered on account of incorrect information provided by me/us or as a result of a change in my/our information or my/our misrepresentation or my/our involvement in any fraudulent act.

I/We undertake to advise Novare in writing should any of the details completed herein change subsequent to signature hereof by me/us.

I/We further acknowledge that this Application Form, together with the Financial Advisor Agreement, form the basis on which Novare appoints me/us, and I/we agree to be bound by the said Agreement.

I/We accept that Novare may authorise my/our identity via a credit bureau.

I/We accept that Novare reserves the right to not appoint me/us as financial advisor for whatever reason.

I/We acknowledge and accept that the Agreement will only be concluded when an authorised representative of Novare has signed this Financial Advisor Form and I/we have received confirmation in writing from Novare that the Agreement has been concluded.

Name:

Capacity:

Place:

Authorised signature

Date

(I) FAX AND E-MAIL INDEMNITY

I, the undersigned, authorize Novare to accept instructions by facsimile or e-mail and hereby waive any claim that I may have against Novare and indemnify Novare against any loss incurred as a result of Novare receiving and/or acting upon such communication.

Novare will not be held responsible for any failure, malfunction or delay of any networks or electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of application form and/or transaction. Novare will not be liable to make good or compensate any investor or third party for any damages (whether direct or consequential), losses, claims or expenses resulting there from. The investor or any third party indemnifies Novare accordingly.

FSP Name:

FSP Code:

Authorised signatory(ies):

(01) Full Name:

Capacity:

(02) Full Name:

Capacity:

(03) Full Name:

Capacity:

(I) FAX AND E-MAIL INDEMNITY (continued)

(04) Full Name:
Capacity:

(05) Full Name:
Capacity:

(06) Full Name:
Capacity:

(07) Full Name:
Capacity:

(08) Full Name:
Capacity:

(J) INFORMATION REQUIREMENTS AND SUPPORTING DOCUMENTATION

Please note that the following information should be supplied in order to proceed with this application.

1. A resolution completed in full and signed by the Board authorising the representative of the FSP to sign on behalf of FSP.
2. FSB Certificate and annexure detailing the conditions and restrictions.
3. Copy of discretionary client mandate.

Financial Intelligence Centre Act, 38 of 2011 ("FICA"). FICA documentation is required to identify the investor and to verify such details by means of receipt and safe keeping of the relevant documentation contained herein. The Financial Advisor is to gather all the relevant documentation and send this FICA documentation together with the application form to Novare. Novare will accept copies of the FICA documents received from the Financial Advisor and or Investor. Novare will only finalise processing the application form as soon as all relevant documentation, including all required FICA documents, are received.

FICA documentation that has to accompany all applications:

Individual

- Copy of ID;
- Copy of proof of banking details (on bank letterhead, no internet statements accepted)(not older than 3 months);
- Copy of proof of physical address (not older than three months);
- Copy of proof of tax number on SARS letterhead.

Trust

- Copy of the Trust Deed;
- Copy of the Letter of Authority from the Master;
- Relevant resolutions authorising: the investment, authorised signatory to sign on behalf of the Trust, etc.

IDENTITY DOCUMENTS:

- Copy of ID for each authorised representative;
- Copy of ID of each Trustee;
- Copy of ID of each Beneficiary named in the Trust Deed;
- Copy of ID of Founder of the Trust (if deceased a Death certificate is required).

(J) INFORMATION REQUIREMENTS AND SUPPORTING DOCUMENTATION (continued)

PHYSICAL ADDRESS:

- Copy of proof of physical address of each authorised representative;
- Copy of proof of physical address of each Beneficiary named in the Trust Deed;
- Copy of proof of physical address of each Trustee;
- Copy of proof of physical address of Founder of the Trust (unless if deceased).

TAX:

- Copy of proof of the Trust's income tax registration number (SARS letterhead).

BANK DETAILS:

- Copy of proof of Trustee's bank details (not older than 3 months).

Company

- Copy of certificate of incorporation (CM1/COR14.1/COR14.3);
- Copy of the name change (CM9/COR14.3) (if applicable);
- Copy of change of registered address (CM22/COR21) (if applicable);
- Copy of change of directors (CM 29/COR39) (if applicable).

IDENTITY DOCUMENTS:

- Copies of the ID's of each of the directors;
- Copy of ID of the authorised signatory.

RESOLUTION:

- Resolution authorizing a signatory to act on behalf of the company.

BANK DETAILS:

- Copy of proof of company's banking details (less than 3 months old).

TAX:

- Copy of proof of tax number (SARS letterhead).

PROOF OF ADDRESS:

- Copy of a utility bill in the name of the company, with physical address detail (less than 3 months old).
- Copy of a utility bill for each of the directors (less than 3 months old).
- Copy of a utility bill for each of the authorised signatories (less than 3 months old).

OTHER:

- Detail of person/entity holding the voting rights at a general meeting (ie. all shareholders)
- Copies of the FICA documents (as mentioned above) of the person/entity holding the voting rights at a general meeting (i.e. all shareholders)

NOVARE WILL ACCEPT THE FOLLOWING DOCUMENTS TO VERIFY A RESIDENTIAL ADDRESS:

- Utility bill reflecting the name and residential address of the investor; (less than 3 months old)
- A bank statement reflecting the name and residential address of the investor; (less than 3 months old)
- A recent lease or rental agreement reflecting the name and residential address of the investor; (less than 12 months old)
- Municipal rates and taxes invoice reflecting the name and residential address of the investor; (less than 3 months old)
- Telephone or cellular account reflecting the name and residential address of the investor; (less than 3 months old)
- Recent long-term or short-term insurance policy document issued by an insurance company and reflecting the name and residential address of the investor; (less than 3 months old)
- A statement of account issued by a retail store that reflects the name and residential address of the investor (less than 3 months old)

In the instance where none of the above documents are available to verify the investors address and the investor is co-habiting, Novare shall accept an affidavit from the person the investor is co-habiting with. Such an affidavit must contain the following particulars:

- Name, residential address, identity number of the investor and the deponent of the affidavit;
 - Relationship between the investor and the deponent of the affidavit; and
 - Confirmation of the investors residential address.
- The affidavit must be accompanied by the deponent's utility bill or any of the above-mentioned documents reflecting the residential address.

Novare CIS (RF) (Pty) Ltd

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