

## CHANGE IN INVESTOR DETAILS – NATURAL PERSON

### When you should use this form

This document is intended for existing investors who wish to notify us of changes to any existing information that we presently hold on record, including personal information, appointed financial advisor details, banking details or authorised signatories.

### Important Information

1. This form is not valid unless Section A & B is completed in full and stamped by a Bank Windhoek official, Capricorn Private Wealth or Capricorn Asset Management (CAM) representative officer or authorised financial advisor and will only be processed once the original form and relevant documentation is received.
2. This form needs to be accompanied by an originally certified Identity Document (Namibian ID required for Namibian Nationals, an international travel passport with at least six months' validity for Foreign Nationals) and **positive verification is required**.
3. Please note that any changes indicated on this form is subject to verification and confirmation by the Administrator (CAM).

### Section A: Investor Details

Surname		Client No.	
Full Name(s)			

### Section B: Confirmation / Change of Investor Details (Compulsory)

Surname *to be supported by applicable documentation				Title		
Full Name(s)						
ID / Passport No.			Issued By (Country)			
Country of Residence			Country of Tax Residency			
Contact Detail	Cell					
	Work		Home			
E-Mail Address	<input type="checkbox"/> Add	<input type="checkbox"/> Replace	<input type="checkbox"/> Remove			
Postal Address			Residential Address			
Employment Type	<input type="checkbox"/> <b>Salary Earner</b> (please complete below)		<input type="checkbox"/> <b>Minor</b>	<input type="checkbox"/> <b>Unemployed</b>		
Name of Employer			Monthly Net salaried income	N\$		
Position at Workplace						
<input type="checkbox"/> <b>Self Employed</b> (please complete below)						
Provide details of type and nature of business			Net Monthly Business Income/ Turnover	N\$		
<input type="checkbox"/> <b>Pensioner</b> (please complete below)						
Name of Pension Fund			Monthly Net income	N\$		
Marital Status	<input type="checkbox"/> Single	<input type="checkbox"/> Divorced	<input type="checkbox"/> Widowed	<input type="checkbox"/> ANC with Accrual	<input type="checkbox"/> Married In Community	<input type="checkbox"/> Married Out of Community

### Section C: Change of Details (Complete applicable sections in full)

#### Change in Financial Advisor Details (if applicable)

<b>The information supplied here will supersede the current Financial Advisor details on record.</b>			<input type="checkbox"/> Remove	<input type="checkbox"/> Replace
Financial Advisor Name			Advisor Code	
Practice / Company Name				
Recurring Advice Fee	<b>%</b>	Negotiable to a maximum of 2% of the investment portfolio market value. The fee is charged proportionally monthly in arrears.		
	The Annual Fee selected above should be deducted from the Investor's investment portfolio as follows:			
	<input type="checkbox"/> Highest Fund	<input type="checkbox"/> Proportional from all Funds	<input type="checkbox"/> Other Fund (please specify)	
Discretionary Mandate Declaration	<input type="checkbox"/> Viewing/Information mandate only	<input type="checkbox"/> Transaction Rights (Full mandate) (sign below) <sup>1</sup>		

<sup>1</sup>I authorise the Financial Advisor, whose name appears above, to give instructions to the Administrator, and I authorise the Administrator to accept and execute all instructions, except change in banking details, so submitted by the Financial Advisor on my behalf. I further acknowledge that all terms and conditions accepted by my Financial Advisor will be deemed accepted by myself, and that I will be bound by all such terms and conditions.

Signature of Investor \_\_\_\_\_

#### Financial Advisor Declaration

- I have properly explained all the relevant investment risks to the investor;
- I have disclosed and explained all fees and commissions payable by the investor that relate to this investment;
- I have identified all applicable parties to this transaction and verified their details under the requirement of the Financial Intelligence Act of 2012.
- I declare and warrant that I am duly authorised to render financial services.

Signature of Financial Advisor \_\_\_\_\_

#### Change in Banking Details (if applicable)

**Note: Our process to change banking details may take up to 5 business days to be effected.** This bank account(s) will be the account to which all instructions will be processed. The "Nominated Bank Account(s)" should be in the investor's name in order for the Administrator to perform any future transactions as per the investor's instructions. The Administrator requires a statement not older than 3 months stamped by your bank or a Bank Confirmation of the investor's "Nominated Bank Account(s)".

#### Nominated Bank Account nr.1

<input type="checkbox"/> The following banking details replace the existing Nominated Bank Account		<input type="checkbox"/> Additional Nominated Bank Account	<input type="checkbox"/> Delete the below Nominated Bank Account (where there is more than 1 nominated bank account)
Name of Bank		Account No	
Branch Name		Branch No	
Account Type (only Cheque/Transaction and Savings accounts – no credit cards)		<input type="checkbox"/> Cheque/Transaction	<input type="checkbox"/> Savings

#### Nominated Bank Account nr.2

<input type="checkbox"/> The following banking details replace the existing Nominated Bank Account		<input type="checkbox"/> Additional Nominated Bank Account	<input type="checkbox"/> Delete the below Nominated Bank Account (where there is more than 1 nominated bank account)
Name of Bank		Account No	
Branch Name		Branch No	
Account Type (only Cheque/Transaction and Savings accounts – no credit cards)		<input type="checkbox"/> Cheque/Transaction	<input type="checkbox"/> Savings

#### Change in Authorised Signatories (if applicable)

The following person(s), other than the account holder, is(are) authorized signatory(ies) on behalf of the investor and any instruction submitted must be signed as indicated along with the <b>Mandate Holder Details Annexure</b> . Positive identification required.	<input type="checkbox"/> A single signatory to authorise instructions	<input type="checkbox"/> Two signatories to authorise instructions	<input type="checkbox"/> Remove signatory
<b>Full Name(s) and Surname</b>	<b>ID/Passport No.</b>	<b>Capricorn Online</b>	
		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
		<input type="checkbox"/> Add	<input type="checkbox"/> Remove
		<input type="checkbox"/> Add	<input type="checkbox"/> Remove

#### Investor Declaration

- I confirm and warrant that all information provided to the Administrator in this form is true and correct and not misleading and I undertake to provide updated information and supporting documentation to the Administrator without delay should any of the information so provided change.
- I confirm that I have the capacity and authority to submit this form to the Administrator.
- By my signature to this application form I acknowledge that I have been made aware of, understand and accept –
  - That all previous declarations made by me as well as the latest Capricorn investment platform terms and conditions and Bank Windhoek Application End-User Licence Agreement (the "Terms") will remain binding upon me;
  - that the Administrator has the right, without prior notice to me, to change, modify, add to or remove from portions or the whole of the Terms from time to time. Changes to the Terms will become effective upon such changes being posted to the Website.

Signature of Investor \_\_\_\_\_ Date \_\_\_\_\_

**Section D**

<b>For Bank Windhoek Branches/Broker House/CPW/CAM Official Use Only:</b> <b>(Please email to <a href="mailto:cam.service@capricorn.com.na">cam.service@capricorn.com.na</a> and send original to the Administrator's Office)</b>	
<b>I the undersigned confirm that I have identified &amp; verified the investor.</b>	<b>To be completed by Bank Windhoek Branch / Financial Advisor/ CAM Official/ CPW Official</b>
Bank Windhoek Branch / Broker House	
Bank Windhoek Official Name / Advisor Name / CAM Official Name	
Employee no / Broker code	
Contact Number	
FIA checked by	
Signature of Bank Windhoek Official / Advisor / CAM Official	
Segment (UTSARBTYP) <input type="checkbox"/> Digital <input type="checkbox"/> Retail <input type="checkbox"/> CAM Wealth <input type="checkbox"/> CPW <input type="checkbox"/> IFA <input type="checkbox"/> Business <input type="checkbox"/> Corporate <input type="checkbox"/> Institutional	
<b>Change in Banking Details Approval</b>	
Signature of CAM Senior Manager: Client Administration	
Signature of CAM MD / or any two EMT members	