

CHANGE IN INVESTOR DETAILS – LEGAL ENTITY

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 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.

Section A: Investor Details

| | | | |
|-------------------|--|------------|--|
| Legal Entity Name | | Client No. | |
|-------------------|--|------------|--|

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

| | | | |
|--------------------|------------------------------|----------------------------------|---------------------------------|
| Legal Entity Name | | | |
| Financial Year End | | Tax Office | |
| Business Address | | | Postal Address |
| Email | <input type="checkbox"/> Add | <input type="checkbox"/> Replace | <input type="checkbox"/> Remove |

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

Change in Contact Person Details (if applicable)

| | | | |
|---|------------------------------|----------------------------------|---------------------------------|
| Contact person will have viewing/information mandate but no transactional rights, unless otherwise specified | | | |
| Surname | | Title | |
| Full Name(s) | | ID/Passport No | |
| Position | | | |
| Contact detail | Work | Cell | |
| Email | <input type="checkbox"/> Add | <input type="checkbox"/> Replace | <input type="checkbox"/> Remove |

Change in Financial Advisor Details (if applicable)

| | | | |
|--|---|---|--|
| The information supplied here will supersede the current Financial Advisor details on record. | | <input type="checkbox"/> Remove | <input type="checkbox"/> Replace |
| Financial Advisor Name | | Advisor Code | |
| Practice /Company Name | | | |
| Recurring Advice Fee (Recurring / Trailer Fee) | % | 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) ¹ | |

¹I 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 Duly Authorised Signatory(ies) _____

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 as amended from time to time.
- 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 will be the primary account to which all instructions will be processed. The "Nominated Bank Account" should be in the entity's name in order for CAM to perform any future transactions as per the investor's instructions. CAM requires a statement not older than 3 months stamped by your bank or a Bank Confirmation of the investor's "Nominated Bank Account".

| 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) is/ (are) authorized signatories on behalf of the Legal Entity and any instruction submitted must be signed as indicated, along with the **Mandate Holder Details Annexure** for each. Positive identification is required.

| | | <input type="checkbox"/> A single signatory to authorise instructions | <input type="checkbox"/> Two signatories to authorise instructions | <input type="checkbox"/> Remove signatory |
|---------------------------------|--|---|--|--|
| Full Name(s) and Surname | | Designation | ID/Passport No. | Capricorn Online |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |
| | | | | <input type="checkbox"/> Add <input type="checkbox"/> Remove |

 Email Indemnity (if applicable)

This section needs to be completed should the investor wish to use their email address to send instructions via this email address. Should "Transactional rights" be selected for a user who is not currently a signatory, a Mandate Holder Details Annexure need to be submitted for each along with an updated resolution. Positive identification is required.

| | | |
|-------|---|---|
| Email | <input type="checkbox"/> Viewing/Information mandate only | <input type="checkbox"/> Transactional rights |
| Email | <input type="checkbox"/> Viewing/Information mandate only | <input type="checkbox"/> Transactional rights |
| Email | <input type="checkbox"/> Viewing/Information mandate only | <input type="checkbox"/> Transactional rights |
| Email | <input type="checkbox"/> Viewing/Information mandate only | <input type="checkbox"/> Transactional rights |

Investor Declaration (compulsory)

- 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 on the Website.

Signature of Duly Authorised Signatory(ies) _____ Date _____

Signature of Duly Authorised Signatory(ies) _____ Date _____

Signature of Duly Authorised Signatory(ies) _____ Date _____

Signature of Duly Authorised Signatory(ies) _____ Date _____

Section D

For Bank Windhoek Branches/Broker House/CPW/CAM Official Use Only:

(Please email to cam.service@capricorn.com.na and send original to the Administrator's Office)

| I the undersigned confirm that I have identified & verified the investor. | | To be completed by Bank Windhoek Branch/ Financial Advisor/ CAM Official/ CPW Official | | | | | | |
|---|----------------------------------|--|-------------------------------------|------------------------------|------------------------------|-----------------------------------|------------------------------------|--|
| 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 |
| Change in Banking Details Approval | | | | | | | | |
| Signature of CAM Senior Manager: Client Administration | | | | | | | | |
| Signature of CAM MD / or any two EMT members | | | | | | | | |