

# Bifm Unit Trusts

## Update Investor details



- Please read all the information in this form carefully, including the terms and conditions in Annexure A, and ensure you understand it.
- **Please initial the bottom of each page as well as any changes made on this form.**
- To view the full list of funds and the Fund Factsheets with applicable fund minimums and fees, refer to [www.bifm.co.bw](http://www.bifm.co.bw)
- If you cannot access the link provided above this can be obtained from our Client Contact Centre at Fairgrounds Office Park, Plot 66458, Block A, Ground Floor
- To comply with regulatory requirements, we must verify your identity before investing your funds
- In terms of the Financial Intelligence Regulation of Botswana, we are required to obtain the prescribed documents for all legal entities as well as the applicable parties acting on their behalf. Please complete the information and supply the documents as specified in the KYC Requirements document



### **Completing the information correctly will ensure that the investment is processed without delays.**

- All information must be accurately completed.
- The form must be completed, dated and signed by the registered investor, or authorised signatories with valid authorisation from the investor such as a power of attorney or a mandate.
- Do not write any instructions outside the allocated fields.
- Initial any changes made.



### **Please submit the following verification documents if you have not previously provided them:**

- Certified copy of Omang or Passport (*foreign nationals*)
- Proof of residential address not less than 3 months old - utility bill/ police affidavit/ employment confirmation letter stating residential address
- Proof of banking details - copy of a bank statement, not older than 3 months that includes a bank logo and date stamp (*if applicable*)
- Investor authorisation, such as a power of attorney, mandate or board resolution (*if applicable*)



### **Our contact details**

**E-mail** RetailServices@bifm.co.bw  
**Tel** +267 395 1564  
**Website** [www.bifm.co.bw](http://www.bifm.co.bw)



### **Cut-off times**

#### **Fund type**

Money Market Funds  
Non-Money Market Funds

#### **Cut-off time**

12:00  
15:00

**All required documents must be received before the cut-off time in order for your instruction to be processed on the same day.**

# Investor Details

(always send back with the relevant forms)



## 1. Investor details

All fields are mandatory

Entity Number \_\_\_\_\_

First name(s) and Surname /  
Registered name of legal entity \_\_\_\_\_

Omang number / Passport number (If foreign  
National) / Entity registration number \_\_\_\_\_ Omang / Passport  
expiry date \_\_\_\_\_  
(dd/mm/yyyy)

Contact num-  
ber(s) \_\_\_\_\_

E-mail address \_\_\_\_\_

## 2. Which details would you like to change?

Please indicate / tick the details you wish to change. Complete and submit only the corresponding sections you have selected together with this form.

Change of personal details - **Form A**

Update bank details - **Form B**

Update debit order instructions - **Form C**

Recurring instructions - **Form D**

Broker/Sales Consultant appointment / removal and Fee change - **Form E**

Tax Residency self - certification - Individual - **Form F**

Tax Residency self - certification - Legal Entity - **Form G**

Please note: If you change any of your personal details to reflect as non-resident, you are required to complete the relevant tax residency self-certification form

## 3. Investor / Legal Entity declaration

I / We confirm that I / we:

- have the authority and am / are legally competent to enter into and conclude this transaction, with the necessary legal assistance when it is required
- am/are aware that the legal guardian must sign the instruction on behalf of a minor (if applicable)

Name of Authorised Signatory	Date	Capacity
_____	_____ (dd/mm/yyyy)	_____

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory	Date	Capacity
_____	_____ (dd/mm/yyyy)	_____

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory	Date	Capacity
_____	_____ (dd/mm/yyyy)	_____

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory	Date	Capacity
_____	_____ (dd/mm/yyyy)	_____

Authorised Signature \_\_\_\_\_

# Form A

## Change of details



### 1. Details

*Only complete details that have changed*

Title      Dr      Mr      Mrs      Ms      Other (Please specify) \_\_\_\_\_

Full name(s) and surname /  
Name of Legal Entity \_\_\_\_\_

Omang number / Passport number /  
Entity registration number \_\_\_\_\_

Country of issue \_\_\_\_\_ Expiry date \_\_\_\_\_

Postal address \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_

Residential address \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_

	Contact
Telephone (office)	
Telephone (home)	
Mobile	

Occupation: \_\_\_\_\_

E-mail address: \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

# Form B

## Update banking details



### 1. New banking details

*All fields are mandatory*

Bank account name \_\_\_\_\_

Name of bank \_\_\_\_\_ Account number \_\_\_\_\_

Name of branch \_\_\_\_\_ 6-digit branch code \_\_\_\_\_

Type of account      Current      Savings

Use new banking details for the following:

Debit order      Disinvestment      Monthly withdrawal      Income distribution

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

# Form C

## Update debit order instructions



Only complete the information that has changed

### 1. Please select your instruction

Cancel my annual increase

Cancel my debit order

Effective date

(dd/mm/yyyy)

Bifm Unit Trust Fund(s)	Fund number
1. Bifm Pula Money Market Fund	
2. * Bifm Letlotlo Education Fund	
3. Bifm Balanced Prudential Fund	
4. * Bifm Ya Masa Junior Fund	
5. Bifm Local Equity Fund	

\* The fund has a 7 year lock-in-period

### 2. New debit order instructions

- Fund minimums apply when changing a debit order
- The Fund factsheets are available on [www.bifm.co.bw](http://www.bifm.co.bw)

How would you like to invest your money?

Bifm Unit Trust Fund(s)	Fund number	New amount (BWP)
1. Bifm Pula Money Market Fund		
2. * Bifm Letlotlo Education Fund		
3. Bifm Balanced Prudential Fund		
4. * Bifm Ya Masa Junior Fund		
5. Bifm Local Equity Fund		

\* The fund has a 7 year lock-in-period

How would you like your debit order to work?

I authorise Bifm Unit Trusts to draw monthly debits from my account on the specified dates below:

Commencement Date  21st  25th  1st  M   Y

Escalation rate per annum  0%  2.5%  5%  10%

Expiry Date  D   M   Y

### 3. Change existing debit order

Please select your instruction

If it is too late to cancel or change the debit order on the date you have requested, we will cancel or change the debit order on the soonest available business day.

Cancel my existing debit order(s)

Bifm Unit Trust Fund(s)	Fund number	Cancellation date (dd/mm/yyyy)
1. Bifm Pula Money Market Fund		
2. * Bifm Letlotlo Education Fund		
3. Bifm Balanced Prudential Fund		
4. * Bifm Ya Masa Junior Fund		
5. Bifm Local Equity Fund		

\* The fund has a 7 year lock-in-period

**Changes to my existing debit order(s)**

Bifm Unit Trust Fund(s)	Fund number	Increase to (BWP)	Decrease to (BWP)
1. Bifm Pula Money Market Fund			
2. * Bifm Letlotlo Education Fund			
3. Bifm Balanced Prudential Fund			
4. * Bifm Ya Masa Junior Fund			
5. Bifm Local Equity Fund			

\* The fund has a 7 year lock-in-period

I authorise Bifm Unit Trusts to draw monthly debits against the account specified below:

Commencement Date 

21st	25th	1st
------	------	-----

M			Y				
---	--	--	---	--	--	--	--

Escalation rate per annum 

0%	2.5%	5%	10%
----	------	----	-----

Expiry Date 

D			M			Y				
---	--	--	---	--	--	---	--	--	--	--

Fund minimums apply (see our fund factsheets at [www.bifm.co.bw](http://www.bifm.co.bw)).

**4. Broker/Sales Consultant**

Did a Broker/Sales Consultant assist you? Yes No

Broker/Sales Consultant Code \_\_\_\_\_

First name(s) \_\_\_\_\_ Surname \_\_\_\_\_

**Permission to debit bank account**

*All fields are mandatory*

Bank account name \_\_\_\_\_

Name of bank \_\_\_\_\_ Account number \_\_\_\_\_

Branch name \_\_\_\_\_ 6-digit branch code \_\_\_\_\_

Type of account Current Savings

I instruct and authorise Bifm Unit Trusts or its agents to draw direct debits from my bank account as per my instruction

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

# Form D

## Section 1 - Income Distribution



Only complete the information that has changed

### 1. Income distribution choice

Indicate your Income distribution choice per fund

Bifm Unit Trust Fund(s)	Fund number	Income distribution (Please tick selection)	
		Reinvest	Payout
1. Bifm Pula Money Market Fund			
2. * Bifm Letlotlo Education Fund			
3. Bifm Balanced Prudential Fund			
4. * Bifm Ya Masa Junior Fund			
5. Bifm Local Equity Fund			

\* The fund has a 7 year lock-in-period

- Income payments will only be paid out on cleared units
- Income less than P200 will be automatically reinvested
- Third party payments are not allowed

• **If you select 'payout' above, please complete your banking details below. The distribution will be paid into the bank account specified**

### 2. Bank account details

All fields are mandatory

Bank account name \_\_\_\_\_

Name of bank \_\_\_\_\_ Account number \_\_\_\_\_

Branch name \_\_\_\_\_ 6-digit branch code \_\_\_\_\_

Type of account      Current      Savings

I instruct and authorise Bifm Unit Trusts or its agents to draw direct debits from my bank account as per my instruction

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

# Form D

## Section 2 - Monthly withdrawal



Only complete the information that has changed

### 1. Please select your choice

Cancel my existing monthly withdrawal

Effective date \_\_\_\_\_  
(dd/mm/yyyy)

Bifm Unit Trust Fund(s)	Fund number
1. Bifm Pula Money Market Fund	
2. * Bifm Letlotlo Education Fund	
3. Bifm Balanced Prudential Fund	
4. * Bifm Ya Masa Junior Fund	
5. Bifm Local Equity Fund	

\* The fund has a 7 year lock-in-period

Change date of withdrawal

New date \_\_\_\_\_ of every month

New monthly withdrawal

New date \_\_\_\_\_ of every month

Bifm Unit Trust Fund(s)	Fund number	New amount (BWP)
1. Bifm Pula Money Market Fund		
2. * Bifm Letlotlo Education Fund		
3. Bifm Balanced Prudential Fund		
4. * Bifm Ya Masa Junior Fund		
5. Bifm Local Equity Fund		

\* The fund has a 7 year lock-in-period

### 2. Bank account details

*All fields are mandatory*

Bank account name \_\_\_\_\_

Name of bank \_\_\_\_\_ Account number \_\_\_\_\_

Name of branch \_\_\_\_\_ 6-digit branch code \_\_\_\_\_

Type of account      Current      Savings



Name of Authorised Signatory	_____	Date	_____	Capacity	_____
			(dd/mm/yyyy)		
Authorised Signature	_____				
Name of Authorised Signatory	_____	Date	_____	Capacity	_____
			(dd/mm/yyyy)		
Authorised Signature	_____				
Name of Authorised Signatory	_____	Date	_____	Capacity	_____
			(dd/mm/yyyy)		
Authorised Signature	_____				
Name of Authorised Signatory	_____	Date	_____	Capacity	_____
			(dd/mm/yyyy)		
Authorised Signature	_____				

# Form D

## Section 3 - Monthly switch



Only complete the information that has changed

### 1. Please select your choice

Change date of switch

New date

(dd/mm/yyyy)

Cancel my existing switch

Effective date

(dd/mm/yyyy)

Bifm Unit Trust Fund(s)	Fund number
1. Bifm Pula Money Market Fund	
2. * Bifm Letlotlo Education Fund	
3. Bifm Balanced Prudential Fund	
4. * Bifm Ya Masa Junior Fund	
5. Bifm Local Equity Fund	

\* The fund has a 7 year lock-in-period

### 2. Start or change monthly switch

New date

(dd/mm/yyyy)

- Review the fund Factsheets at [www.bifm.co.bw](http://www.bifm.co.bw) as minimums apply to the switch in amounts.
- You are subject to any difference in initial fees when switching between a money-market fund and equity fund, or from any fund where the initial fee is lower.
- If no fund number is specified, the switch will be allocated to the default fund.
- If the switch date occurs on a non-business day, you will receive the next business day's price.

#### FROM

Bifm Unit Trust Fund(s)	Fund number	Total monthly amount (BWP)
1. Bifm Pula Money Market Fund		
2. * Bifm Letlotlo Education Fund		
3. Bifm Balanced Prudential Fund		
4. * Bifm Ya Masa Junior Fund		
5. Bifm Local Equity Fund		

\* The fund has a 7 year lock-in-period

#### TO

Bifm Unit Trust Fund(s)	Fund number	Total amount (BWP)
1. Bifm Pula Money Market Fund		
2. * Bifm Letlotlo Education Fund		
3. Bifm Balanced Prudential Fund		
4. * Bifm Ya Masa Junior Fund		
5. Bifm Local Equity Fund		

\* The fund has a 7 year lock-in-period

### 3. Broker/Sales Consultant

Did a Broker/Sales Consultant assist you?	Yes	No
Broker/Sales Consultant Code	<hr/>	
Name of Broker/Sales Consultant	<hr/>	
Name of Authorised Signatory	Date	Capacity
<hr/>	<hr/>	<hr/>
	(dd/mm/yyyy)	
Authorised Signature	<hr/>	
Name of Authorised Signatory	Date	Capacity
<hr/>	<hr/>	<hr/>
	(dd/mm/yyyy)	
Authorised Signature	<hr/>	
Name of Authorised Signatory	Date	Capacity
<hr/>	<hr/>	<hr/>
	(dd/mm/yyyy)	
Authorised Signature	<hr/>	
Name of Authorised Signatory	Date	Capacity
<hr/>	<hr/>	<hr/>
	(dd/mm/yyyy)	
Authorised Signature	<hr/>	

# Form E

## Appoint/Remove Broker/Sales Consultant



Remove the information that has changed

### 1. What would you like to do

Appoint a Broker/Sales  
Consultant

Remove a Broker/Sales  
Consultant

### 2. Broker/Sales Consultant details

Broker/Sales Consultant Code \_\_\_\_\_

Name of Broker/  
Sales Consultant \_\_\_\_\_

#### Initial fee

You can amend the initial fee on future direct deposits only

#### Investor declaration

I / We confirm that I / We:

- Have read and understood the important notes, terms and conditions
- Have the authority and am / are legally competent to enter into and conclude this transaction, with the necessary legal assistance when it is required.
- Are aware that the legal guardian must sign the instruction on behalf of a minor (if applicable).

#### Broker/Sales Consultant declaration

- I declare that am a licensed Broker/Sales Consultant or a representative of a financial service provider. I am authorised to sell unit trusts.

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

Broker/Sales Consultant signature \_\_\_\_\_

Date: \_\_\_\_\_  
(dd/mm/yyyy)

Date: \_\_\_\_\_  
(dd/mm/yyyy)

# Form F - Individual Tax Residency Self Certification



## Personal details

All fields are mandatory

Title      Dr      Mr      Mrs      Ms      Other (Please specify) \_\_\_\_\_

Full name \_\_\_\_\_

Omang / passport number \_\_\_\_\_ Expiry date \_\_\_\_\_  
(dd/mm/yyyy)

Country of issue \_\_\_\_\_ Country of birth \_\_\_\_\_

Please specify any other nationality / citizenship \_\_\_\_\_

Primary country of residence for tax purposes \_\_\_\_\_

Tax identification number \_\_\_\_\_

Are you a registered tax payer of any country other than your primary country of residence for tax purposes?      Yes      No

If "Yes", please complete the information below for each country of tax residence

Country of tax residence	Tax Identification Number	OR	Reasons why it is not issued?

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

Name of Authorised Signatory \_\_\_\_\_ Date \_\_\_\_\_ Capacity \_\_\_\_\_  
(dd/mm/yyyy)

Authorised Signature \_\_\_\_\_

# Form G - Legal entity

## Tax Residency Self Certification



### 1. Legal Entity details

All fields are mandatory

Registered name of  
of legal entity

\_\_\_\_\_

Entity registration number

\_\_\_\_\_

Country of Incorporation

\_\_\_\_\_

Country of Operation

\_\_\_\_\_

Country of Residence

\_\_\_\_\_

Tax residency

\_\_\_\_\_

Tax Identification Number

\_\_\_\_\_

Is the organisation a registered tax payer of any other country other than your primary country of residence

Yes

No

If "Yes", please complete the information below for each country of tax residency:

Country of tax residence	Tax Identification Number	OR	Reasons why it is not issued?

### 2. Organisation's classification under FATCA

It is mandatory to classify yourself in this section. For guidance please refer to the Legal Entities Tax Residency Classification for FATCA and CRS document, available at [www.bifm.co.bw](http://www.bifm.co.bw). Alternatively, speak to your tax adviser.

**If your organisation is a Financial Institution, please specify which type:**

Financial Institution or a Partner Jurisdiction Financial Institution

Participating Foreign Financial Institution (in a non-IGA jurisdiction)

Non-Participating Foreign Financial Institution (in a non-IGA jurisdiction)

Financial Institution resident in the USA or in a US Territory

Exempt Beneficial Owner (this includes a South African registered retirement scheme, a South African Governmental Organisation or an International Organisation)

Deemed Compliant Foreign Financial Institution (this includes Non Profit Organisations and Financial Institutions with a Local Client Base)

**If your organisation is not a Financial Institution, please specify below :**

Active Non-Financial Entity

Passive Non-Financial Entity (Please complete section for Controlling Persons)

**Please select an option if your organisation is a US tax resident and not a Specified US person:**

A regularly traded corporation on a recognised stock exchange

Any corporation that is a member of the same expanded affiliated group as a regularly traded corporation on a recognised stock exchange

A government entity

Any bank as defined in section 581 of the U.S. Internal Revenue Code

A retirement plan under section 7701(a)(37), or exempt organization under section 501(a) of the U.S. Internal Revenue Code

OR any other exclusion

## Organisation's classification under Common Reporting Standard

### Please select one with reference to the primary country of residence:

Financial Institution under CRS (this includes all Non Reporting Financial Institutions for example a pension scheme, government entity and international organisation.)

An investment entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please also complete section 4 for Controlling Persons)

Entity, which frequently trades on an established securities market or associated with, an established securities market or a corporation which is a related entity of such a corporation.

A Government Entity, a Central Bank or an International Organisation.

Active Non-Financial Entity

Passive Non-financial entity (Please complete section for controlling persons)

## Controlling persons self-certification

Tax regulations require us to collect information for each Controlling Person's tax residency. The Controlling Person must be a natural person. We may be obliged to share information about your Controlling Persons with BURS who may share the information with any or all participating tax jurisdictions. Please note that we require KYC documentation for each Controlling Person. See annexure B for details of documentation requirements.

### Details of controlling person 1

Title	Dr	Mr	Mrs	Ms	Other (Please specify)	_____
Full name	_____					
Residential address	_____					
Country	_____				Postal code	_____
Postal address	_____					
	_____					
	_____					
Country	_____				Postal code	_____
Date of birth	_____		Country of birth		_____	
	(dd/mm/yyyy)					
Oman/Passport number	_____		Oman/Passport expiry date		_____	
					(dd/mm/yyyy)	
Passport country of issue	_____					
Social Security Number (if US Citizen)	_____					
Primary country of tax residence	_____					
Tax Identification Number	_____					

Are you a registered tax payer of any country other than your primary country of residence?

Yes

No

If "Yes" please complete the information below for each country of tax residency.

Country of tax residence	Tax Identification Number	OR	Reasons why it is not issued?

By ticking "Not Applicable", you confirm that the country specified does not issue a Tax Identification number.

If you are a USA you are considered to be resident for tax purposes in the USA

**Details of controlling person 2**

Title	Dr	Mr	Mrs	Ms	Other (Please specify)	
Full name _____						
Residential address _____ _____						
Country _____					Postal code _____	
Postal address _____ _____ _____						
Country _____					Postal code _____	
Date of birth _____ (dd/mm/yyyy)			Country of birth _____			
Omang/Passport number _____			Omang/Passport expiry date _____ (dd/mm/yyyy)			
Country of issue _____						
Social Security Number (if US Citizen) _____						
Primary country of tax residence _____						
Tax Identification Number _____						

Are you a registered tax payer of any country other than your primary country of residence? Yes      No

If "Yes" please complete the information below for each country of tax residency.

Country of tax residence	Tax Identification Number	OR	Reasons why it is not issued?

By ticking "Not Applicable," you confirm that the country specified does not issue a Tax Identification number.  
If you are a USA citizen you are considered to be resident for tax purposes in the USA

Name of Authorised Signatory _____	Date _____ (dd/mm/yyyy)	Capacity _____
Authorised Signature _____		
Name of Authorised Signatory _____	Date _____ (dd/mm/yyyy)	Capacity _____
Authorised Signature _____		
Name of Authorised Signatory _____	Date _____ (dd/mm/yyyy)	Capacity _____
Authorised Signature _____		
Name of Authorised Signatory _____	Date _____ (dd/mm/yyyy)	Capacity _____
Authorised Signature _____		



# Annexure A

## Important notes, Terms and Conditions



### 1. Important notes

- **Invalid banking details** - If the banking details you provide for the disinvestment are not valid and we fail to successfully contact you, the money returned to us will automatically be reinvested after 10 working days
- **Change in banking details** - If we are not able to verify your banking details, we may contact you to provide us with proof of banking details, e.g. a recent bank statement that includes a bank logo and date stamp (not older than 3 months).
- **Payment of uncleared amounts** - Lump sum investments and once-off debit orders clear after 10 calendar days, and recurring debit orders, 4 business days. Payments will only be processed for funds that have been confirmed cleared at the bank.
- **Authorised to act on behalf of the investor** - If you are acting on behalf of the investor, please provide us with proof of authority to act (letter of appointment, letter of executorship or letter of guardianship if not a parent). In the case of a company, pension fund, club etc. Minutes of the meeting or resolution and signatures of all signatories will need to be submitted.
- **Accrued income payment** - If you wish to close and disinvest all your Money Market Fund units, your accrued income will be paid into the same bank account as your repurchase proceeds.
- **Capital Gains Tax (CGT)** - Please note that the sale of units may trigger CGT and you may be liable for taxes.
- **Fund factsheets** - Please read the fund factsheets which can be found on our website [www.bifm.co.bw](http://www.bifm.co.bw)

### 2. Expected processing times

You can expect the money to reflect in your bank account within 2-3 working days (unless otherwise contracted on an individual basis). This depends on whether the pricing time of your fund/s is morning or evening priced, and provided the cut-off times have been met and all supporting documents received.

### 3. Terms and conditions

#### 3.1 Transaction cut-off times

- Please make sure you send us your completed instruction (including supporting documents) before the trading closing time. Your transaction will be priced using the ruling price of the fund for the day the transaction is processed i.e. the day we receive all of the required information.

#### 3.2 Ownership, information security and instructions

- The legal owner of the investment is the person in whose name the investment is registered, regardless of who the payer is. If the legal owner is a minor, we will only accept instructions from their legal guardian. We will only release information to, and act on instructions from, the investor, the authorised signatory or the appointed financial intermediary.
- We can only process your instructions once we have received the correct and accurately completed form and required supporting documents. If an instruction is issued incorrectly, is unclear, incomplete, or if the supporting documents are not received by the cut-off time, the transaction may be delayed. Any loss will be for the investors' account.
- We permit ring-fencing for large disinvestments as per international best practice. Ring-fencing is the separation of assets and the delayed sale of units in a unit trust fund, in the event of a large sale of units within the fund, subject to certain conditions. This ensures that the sale of a large number of units will not force us to sell the underlying investments at a price in the market which could have a negative impact on other investors. We may delay paying the proceeds of the sale of units. If your disinvestment instruction is affected by this ring-fencing, the payment and the value of your withdrawal could be impacted. In the event of this, we will contact you to discuss the process, where applicable.

##### 3.2.1 Electronic Signatures:

Each party agrees that the electronic signatures of the Client included in this Agreement are intended to authenticate this writing and to have the same force and effect as manual signatures. Delivery of a copy of this Agreement or any other document contemplated hereby bearing an original or electronic signature by facsimile transmission, by electronic mail in "portable document format" ("pdf") form, or by any other electronic means intended to preserve the original graphic and pictorial appearance of a document, will have the same effect as physical delivery of the paper document bearing an original or electronic signature.

Bifm Unit Trusts shall be liable hereunder only for its own gross negligence, willful misconduct or bad faith. The Client agrees to indemnify Bifm Unit Trusts and save it harmless against any and all liabilities, including judgments, costs and reasonable counsel fees, for anything done or omitted by the Bifm Unit Trusts from use of the Client's electronic signature, except as a result of Bifm Unit Trusts' gross negligence, willful misconduct or bad faith.

#### 3.3 Conflict of interest

- All actual and potential Conflicts of Interest are managed, reported and disclosed in line with the Managers Conflicts of Interest Policy.

#### 3.4 Unclaimed assets and how they affect you

- An unclaimed asset is any unit trust investment on which there have been no transactions for ten years, or in the case of a deceased estate, more than three years have passed since we have received the notice of death. Our policy is to continue reinvesting all income distributions (interest) until the unit trust is sold, regardless of the time frame.
- We follow a process of tracing investors or beneficiaries on any unclaimed assets. Any reasonable administrative and costs incurred to trace the investor may be recovered from the value of the portfolio, thereby reducing the value of your investment. Tracing will cease where the value of the unit trust investment is less than P1000 and the costs of tracing exceeds the benefit of tracing.
- Please note that to prevent your investment becoming an unclaimed asset, it is your responsibility to inform us of any change in your personal information.

### 3.5 Update your personal details

It is your responsibility to keep us informed of any changes in your banking details, personal information or current identification information (e.g. change of address, change of surname and contact details). If any of your details have changed, you will need to complete a Unit Trust Investor Details Update form available from [www.bifm.co.bw](http://www.bifm.co.bw)

### 3.6 Making changes to your investment

Unit trusts are a flexible investment option, which means that you can make changes to your investment as your personal circumstances change. This means you can change your fund selection, disinvest some or all of your units, and make additional investments. As changes to your investment could impact your original investment goals, please speak to your financial adviser or broker/ sales consultant.

### 3.7 Complaints

We want to give you outstanding client service. If you are dissatisfied with our service, please contact us at:

- Telephone: +267 395 1564
- Email: [retailservices@bifm.co.bw](mailto:retailservices@bifm.co.bw)
- Complete a complaint form online at [www.bifm.co.bw](http://www.bifm.co.bw)
- Visit the Bifm Unit Trusts Client Contact Center

Please note the complaints procedure is available at [www.bifm.co.bw](http://www.bifm.co.bw) or at the Bifm Unit Trusts Client Contact Center. Your views are very important to us. When we receive your complaint, a competent team, specifically trained to handle and resolve complaints, will investigate it and try to resolve it as soon as possible in a fair manner.

### 3.8 How we process your personal information

Bifm UT will only collect, transfer and disclose your information for the following purposes:

- Providing you with its products and services
- Managing your investments
- Complying with your instructions or the instructions of your appointed financial advisor
- Verifying your identity
- Detecting and preventing fraud or money laundering
- Compliance with laws and public duties
- Monitoring of electronic transactions with you in order to accurately carry out your instructions or those of your financial advisor
- To assist in improving our services and in the interest of security and crime prevention
- For analysis in order to assess and improve our business or the business of the BIHL Group and the services offered
- For operational, marketing, audit, legal and record keeping purposes.

In addition, Bifm UT shall collect necessary information from you directly, from your appointed agent, authorised financial services provider, any regulator, Credit Bureau or other third party that may hold such information.

#### 3.8.1 Use of information

We will only collect information that we need for that purpose. Your personal information may be collected from you or passed to and used by your financial advisor or duly appointed agent or companies within the BIHL Group and its agents and sub-contractors who administer or process the information on its behalf for the purpose of managing the investment. We will not, without your consent, transfer data outside the BIHL Group, its associates or agents unless we have a duty or a right to disclose it in terms of law or industry codes or where it is necessary to protect our rights. Certain client record and information are typically retained as prescribed by the laws of the Republic of Botswana. You have a right to access and/or correct the personal data that is held about you or to object to the processing of your personal information. To object to the processing of your personal information by us or to correct or obtain a copy of the personal information we hold about you, you should write to the Risk Officer at: [RetailServices@bifm.co.bw](mailto:RetailServices@bifm.co.bw)

#### 3.8.2 Sharing of information

We shall take all reasonable steps to protect your personal information, including, where appropriate, the use of encryption technology.

#### 3.8.3 Electronic communications and records

By communicating with us by electronic means, you consent to receiving communications electronically and agree that all agreements, notices, disclosures and all other communications transmitted by electronic means satisfy any legal requirement, including but not limited to the requirement that such communication should be 'in writing'.

If you have any questions or queries regarding the above, please contact Bifm Unit Trusts on 395 1564 (Tel), 3900 358 (Fax) or email [RetailServices@bifm.co.bw](mailto:RetailServices@bifm.co.bw). Please also make reference to our Privacy Policy which can be found on our website [www.bifm.co.bw](http://www.bifm.co.bw)

## Declaration and signature

I certify that the information I have provided above is true and correct.

Name of Authorised Signatory	_____	Date	_____	Capacity	_____
			(dd/mm/yyyy)		
Authorised Signature	_____				
Name of Authorised Signatory	_____	Date	_____	Capacity	_____
			(dd/mm/yyyy)		
Authorised Signature	_____				
Name of Authorised Signatory	_____	Date	_____	Capacity	_____
			(dd/mm/yyyy)		
Authorised Signature	_____				
Name of Authorised Signatory	_____	Date	_____	Capacity	_____
			(dd/mm/yyyy)		
Authorised Signature	_____				

## Disclaimer

Collective investment schemes are generally medium to long-term investments. Please note that past performances are not necessarily an accurate determination of future performances, and that the value of investments / units / unit trusts may go down as well as up. A schedule of fees and charges and maximum commissions is available from Bifm Unit Trusts (Pty), a registered and approved Manager in Collective Investment Undertakings (CIUs) in Botswana. Additional information of the proposed investment, including brochures, application forms and annual or quarterly reports, can be obtained from the Manager, free of charge. Collective investments are calculated on a net asset value basis, which is the total market value of all assets in the portfolio including any income accruals and less any deductible expenses such as audit fees, brokerage and service fees. Actual investment performance of the portfolio and the investor will differ depending on the initial fees applicable, the actual investment date, and the date of reinvestment of income as well as dividend withholding tax. Forward pricing is used. The Manager does not provide any guarantee either with respect to the capital or the return of a portfolio. The performance of the portfolio depends on the underlying assets and variable market factors. International investments or investments in foreign securities could be accompanied by additional risks such as potential constraints on liquidity and repatriation of funds, macro-economic risk, political risk, foreign exchange risk, tax risk, settlement risk. Bifm Unit Trusts (Pty) Ltd is regulated by the Non-Bank Financial Institutions Regulatory Authority (NBFIRA). Prospectuses for the Funds may be viewed at the Bifm Unit Trusts (Pty) Ltd offices plot 66458, Fairgrounds Office Park, Block A, Ground Floor.