

Change of Details

Discretionary and/or Retirement Fund Investment

Wealthport (Pty) Ltd (2012/025878/07)

Wealthport (Pty) Ltd ("Wealthport") is an Authorised Financial Services Provider (FSP No. 44158)

Ballyoaks Office Park, 35 Ballyclare Drive, Bryanston Johannesburg • Postal address: Postnet Suite 451, Private Bag X51, Bryanston, 2021

Contact number: 010 593 3103 • Facsimile: 087 231 6972 • Email: admin@wealthport.co.za



Important Information:

- Please read the latest Terms and Conditions applicable to this investment. This is available from your Financial Advisor, the Client Services Centre at 010 593 3103 or at www.wealthport.co.za
- Please submit applications for processing to admin@wealthport.co.za or fax to 087 231 6972.

1. Client / Member details on record

First name:	<input type="text"/>
Surname / Legal Entity name:	<input type="text"/>
ID / Registration number:	<input type="text"/>
Email address:	<input type="text"/>
Portfolio number:	<input type="text"/>

For the remainder of the form, please only complete those details which must be updated.

2. Client / Member details to be updated - Natural person

Title:	<input type="text"/>
First name:	<input type="text"/>
Surname:	<input type="text"/>
Occupation:	<input type="text"/>
Email address:	<input type="text"/>
Cell phone number:	<input type="text"/>
Other contact number:	<input type="text"/>
ID number:	<input type="text"/>
Tax number:	<input type="text"/>

3. Client details to be updated - Legal entity

Name:	<input type="text"/>
Registration number:	<input type="text"/>
Trading name:	<input type="text"/>
Tax number:	<input type="text"/>
VAT number:	<input type="text"/>

Contact person details:

Title:	<input type="text"/>
First name:	<input type="text"/>
Surname:	<input type="text"/>

4. Contact details to be updated

Email address:

Cell phone number:

Other contact number:

Physical address:

Unit number: Complex name:

Street number: Street / Farm name:

Suburb / District: Postal code:

City / Town:

Postal address: Same as above? Please tick this box.

Postal code:

5. Bank Account details

Bank:

Branch:

Branch code:

Account holder:

Account number:

Account type: Current Savings Transmission

Please indicate the portfolios and instructions for which the bank account must be updated:

ALL portfolios and instructions of this client OR

Portfolio number: Debit order Regular withdrawal

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6. Debit authority

- I, the undersigned bank account holder, hereby authorise Wealthport to debit the bank account as indicated above, unless otherwise changed by me from time to time in writing.
- I acknowledge that such debits made from my bank account by Wealthport shall be treated by my bank as if it had been issued by me personally.
- I understand that details of each debit will be printed on my bank statement.
- I agree to pay any fees relating to this debit order that may be levied by my bank as well as debit order rejection fees charged to a Wealthport bank account.
- I shall not be entitled to any refund of amounts debited from the bank account and invested while this authority was in force. I further understand that should I change my bank account details that Wealthport will require authority to issue and deliver payment instructions for collection against the new bank account.
- The instruction will be submitted to my bank on the date as specified in this application form, provided that all required documentation has been received by Wealthport, and continue until this Authority and Mandate is terminated by me by giving Wealthport written notice at admin@wealthport.co.za or via 010 593 3103. The termination will be effective from the date of receipt of confirmation of termination from Wealthport.
- I understand that Wealthport will cancel my recurring debit order instruction after two consecutive failed collection requests. The debit order may be reinstated by submitting a new instruction to Wealthport.
- I understand that this Authority and Mandate cannot be assigned or ceded to any third party.

Signature of bank account holder:

Date:

Y	Y	Y	Y	/	M	M	/	D	D
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* Please supply FICA documents for the bank account holder if the bank account holder is a third party

7. Financial Advisor details

Please only complete this section if you are replacing your Financial Advisor or amending an initial fee or annual service fee. If you are replacing your Financial Advisor, please note that we are required to inform your previous advisor accordingly.

Name:

Surname:

ID number:

FSP Name:

FSP license no:

Investment initial fee (excl. VAT): % (Maximum fee: 3%)

* Please note that this fee will apply to both once off investments and the debit orders unless specified otherwise.

Annual service fee (excl. VAT): % (Maximum fee: 1.5%)

Mandate declaration:

The client hereby appoints the specified Financial Advisor in the following capacity:

Full discretion (Please supply us with a copy of the Mandate signed with the Category II Financial Advisor)

The Financial Advisor may perform all transactions on behalf of the client with no prior client approval required.

OR

Limited discretion

Any transaction requested by the Financial Advisor on behalf of the client will require prior client approval.

8. Financial Advisor declaration

- It is the FSP’s responsibility to evaluate and ensure that all representatives and employees involved in the marketing of Wealthport products act in accordance with all applicable legislative provisions as well as the latest Wealthport Terms and Conditions as published on the Wealthport website. The FSP takes full responsibility for advice given to potential or current clients by the FSP’s Representatives and will maintain records thereof in accordance with appropriate legislation.
- I hereby confirm that I am appropriately registered in terms of the Financial Advisory and Intermediary Services Act, No 37 of 2002 (“FAIS Act”) to act as the client’s Financial Advisor, in terms of a duly signed mandate.
- I acknowledge and confirm that, in my capacity as the primary accountable institution, I have established and verified the identity of the client and all other applicable parties in accordance with Section 21 of the Financial Intelligence Centre Act, No 38 of 2001 (“FICA Act”) and will keep records of the required documents according to the provisions of Section 22 of the FICA act.
- I confirm that I have explained the necessary disclosures required in terms of the FAIS Act.
- I warrant that I have explained all fees that relate to this investment to the client.
- I warrant that the information provided in this form is correct and that I will advise Wealthport in writing should any of the details completed herein change subsequent to signature hereof.

Financial Advisor signature:

Date:

Y	Y	Y	Y	/	M	M	/	D	D
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9. Client declaration

- I have read, understand and agree to the latest Terms and Conditions AND latest Conditions of Membership (applicable to retirement fund investments) governing this agreement, as published on the Wealthport website. I understand the importance of having read and questioned the latest terms and conditions where anything is unclear in order to be fully aware of the detail contained in the latest terms and conditions.
- I confirm that all information provided herein is true and correct and I will advise Wealthport in writing should any of the details change subsequent to signature hereof.
- I confirm that Wealthport may accept all instructions signed by me, including instructions submitted via electronic means.
- I confirm that the Financial Advisor mentioned above, is my appointed Financial Advisor.
- I also confirm that Wealthport may accept all instructions from my appointed Financial Advisor only if appointed and authorised by me in writing.
- I understand that I need to approve all transactions submitted on my behalf where the Financial Advisor is not appropriately licensed to transact on my behalf or I have not granted him/her a discretionary mandate.
- I hereby declare that I am the legal owner of the funds and/or investments which are to be utilised to facilitate this investment or have gained the signed permission of the third party bank account holder as included in this application.
- I understand that this application will only be finalised once Wealthport has received and verified all required documentation.

Client / Member
signature:

Date:

Y	Y	Y	Y	/	M	M	/	D	D
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10. Supporting documents required

- Name change: Proof of name change in the form of a South African barcoded identity document or a Marriage Certificate, signed with three specimen signatures.
- Change of physical address: Proof of residential address (not older than three months).
- Change of banking details: Proof of bank account details in the form of a recent bank statement or cancelled cheque for the new bank account specified.