

FORMS

Please send the completed form to forms@rezco.co.za

ENQUIRIES

For enquiries, please contact us at:

Email: info@rezco.co.za

Tel: 041 581 1525

UNIT HOLDER DETAILS

| | |
|--------------------|--|
| Unit Holder Number | |
|--------------------|--|

| | |
|---------------------|--|
| Individual investor | |
| First Name(s) | |
| Surname | |
| Residential Address | |

| | |
|----------------------------|--|
| Corporate investor / Trust | |
| Registered Name | |
| Registered Address | |
| Business Address | |

| | | | | | | | |
|---|--------------------------|-----------------|--------------------------|--------------------|--------------------------|---------------------------|--------------------------|
| Source of funds invested | | | | | | | |
| Inheritance | <input type="checkbox"/> | Pension pay-out | <input type="checkbox"/> | Savings (existing) | <input type="checkbox"/> | Investment contributions* | <input type="checkbox"/> |
| Sale of property | <input type="checkbox"/> | Salary / Bonus | <input type="checkbox"/> | Gift | <input type="checkbox"/> | Other | <input type="checkbox"/> |
| <i>Note: supporting documentation may be requested if deemed necessary to verify the above information.</i> | | | | | | | |

*Only possible to institutional investors

| | |
|--|--|
| Account from which investment sum will be paid | |
| Bank Name | |
| Account Name | |
| Account Number | |
| Type of Account | |
| Branch Code | |

INVESTMENT DETAILS

Please indicate the applicable funds and the class(es) that you would like to invest in and state the amount to be invested accordingly. **Please submit proof of payment with this form.**

| FUND | CLASS | AMOUNT |
|-------|-------|--------|
| | | R |
| | | R |
| | | R |
| | | R |
| | | R |
| TOTAL | | R |

Please deposit the reinvestment sum via means of an EFT, or request your bank to process the EFT on your behalf, into the following account:

| | |
|----------------|---|
| Account Name | REZCO COLLECTIVE INVESTMENTS LTD – REZCO INVESTOR DEPOSIT |
| Account Number | 631 361 890 65 |
| Branch Code | 255005 – Johannesburg |
| Bank Name | First National Bank |
| Account Type | Corporate Cheque Account |

DECLARATION

- I/We confirm that the information provided in this Form is true and correct.
- I/We understand that the **Investment Terms and Conditions**, as applicable, apply to the transaction instructed in this Form

| | |
|------------------------------------|------------|
| INVESTOR (or Authorised Signatory) | Name: |
| | Signature: |
| CO-SIGNATORY (if applicable) | Name: |
| | Signature: |
| DATE | |