

"A Higher Financial Altitude"

UNIT TRUSTS (COLLECTIVE INVESTMENT) APPLICATION FORM (INDIVIDUAL)

Instructions:

- Please complete all forms in CAPITAL letters
- · Altus Unit Trust Fund is managed by Altus Capital Limited
- The cut off time for processing all investment transactions is 12:00 daily, any funds received after will be transacted on the next business day
- The completed form should be accompanied with proof of payment, KYC documentation and confirmation of banking details (cancelled cheque, bank statement or confirmation directly from the bank)
- Completed documentation can be emailed to <u>info@altus.co.zm</u>
- Original forms can be delivered to Altus Capital, Ground Floor Mpile Office Park, 74 Independence Avenue Lusaka
- No instruction will be process without a complete set of documentation having been received
 Address all queries to +260211 253566

queries to +260211 2535	66	
	NEW CLIENT	EXISTING CLIENT
1. I AM INVESTING FOR: MYSELF		MINOR
2. INVESTOR DETAILS		
Title MR	MRS	MISS OTHER
Surname		
Names		
Date of Birth		
Marital Status	Single	Married
Occupation		
NRC/Passport Number		
Cell-phone number		
Email Address		

Physical Address			
Postal Address			
Employer			
3. INVESTOR DETAILS (If joint accordance)	unt)		
Title MR	MRS	MISS OTHER	
Surname			
Names			
Marital Status	Single	Married	
Occupation			
NRC/Passport Number			
Cell-phone Number / Telephone Number			
Email Address			

Physical Address		
Destal Address		
Postal Address		
Employer		
4. DETAILS OF PERSON ACTING IN	THE CASE OF A MINOR	
POWER OF ATTORNEY	PARENT LEGAL GUARDIAN L	
Surname		
Names		
1		
NRC/Passport Number		
Call Dhana number		
Cell-Phone number		
Email Address		
Physical Address		
5. DETAILS OF NEXT OF KIN		
Relationship type (eg. Husband Mother, father, child etc)		
Surname		
Names		

NRC/Passport Number		
Cell-phone number		
Email Address		
Physical Address		
6. INVESTMENT SELECTION		
	f receipt of the monies by Altus Unit Trust	ns of the Unit Trust Deed of the fund at the Fund, subject to receipt of a duly completed tation.
Altus Unit Trust Fund	Lump Sum *	Monthly Direct Debit*
Altus Money Market Fund		
Altus Private Wealth Fund		
Altus Bond Fund		
Altus Equity Fund		
Altus Property Fund		
Any income made off this investment should	be:	
Reinvested	Paid (Out
The following terms of investment apply;		
Minimum investment period is as formatter as a second	ollows;	
Altus Money Market Fund Altus Private Wealth Fund Altus Equity Fund Altus Bond Fund Altus Property Fund		
 For property fund minimum deposi 	t is K100, Bond fund is K500 and Private V t is K5, 000. ce for funds in excess of K50, 000.	Vealth Fund is K1,000

- All withdrawals will be paid via transfer.
- The first withdraw made in a month is free. Any additional withdraws will attract a transaction fee. Withdrawal request to be received no later than 15:30hrs

 $^{^{}st}$ Enter amount to be paid via Bank deposit lump sum, once off debit collection or recurring debit order

	I Hereby authorize the collection via direct debit by Altus Capital as per the below: ONCE OFF RECURRING
(Collection date of Debit Order (if recurring)
F	Bank Name
i	Branch Name
,	Account Name
ļ	Account Number
į	Account Type
,	Authorised Signatory on account
	Authorised signatory
] i	I hereby authorize the Manager to arrange with our bank for the payment of the investment amounts as indicated in this applicati including amendments that may be made during the life of the investment on the specific day as indicated.
×	*A maximum of ZMK 75, 000 may be debited from a Client's bank account.
	MENT DETAILS

Please attach your proof of payment (bank deposit slip, cheque, proof of payment, transmission copy etc.) to this application form.

For Money Market Fund Investments:

For Equity Fund Investments:

Account Name: Stanbic Nominees: Altus Money Market Collection Account Name: Stanbic Nominees: Altus Equity Collection Account

Bank : Stanbic Zambia Limited

Branch : Manda Hill

Branch code : 040015

Branch code : 040015

Branch code : 040015

Account number: 9130000962728 Account number: 9130000962965

For Bond Fund Investments:

For Private Wealth Fund Investments

Account Name: Stanbic Nominees: Altus Bond Collection Account Name: Stanbic Nominees: Altus Private Wealth Collection

Bank: Stanbic Zambia Limited Bank: Stanbic Zambia Limited

Branch: Manda Hill Branch: Manda Hill

Branch code: 040015 Branch code: 040015

Account number: 9130001037513 Account number: 9130002434621

9. DECLARATION

I/We hereby apply for investment in the above selected portfolios and warrant that I/we have read and understand that this investment will be subjected to the governing schemes administered by Altus Capital. Altus Capital will not be held liable for any loss incurred due to incorrect information and misrepresentations.

I/We warrant that the information contained herein is true and correct, and that, where this application is signed in a representative capacity, I/we have the necessary authority to do so and that this transaction is within my/our powers.

I/We confirm that I/we have read and understood the minimum disclosure documents and agree to provide all KYC documentation while understanding that Altus Unit Trust Fund is prohibited from processing any transaction on our behalf until all such information has been provided. Any monies received with incomplete documentation will be held until all documents have been submitted to Altus Capital.

I/We warrant that all funds invested with Altus Capital are not the proceeds of unlawful activities and warrant that I/we have not contravened any anti-money laundering legislation and regulation applicable to me/us.

I/we consent to Altus Capital debiting the nominated bank account with the abovementioned sum and indemnify Altus Capital against any loss or damage it may suffer or incur should the once-off electronic collection either be reversed or not honoured for any reason whatsoever.

10. FINANCIAL ADVISOR

I, t	he under	sign	ed, her	eby declar	re and	d war	rant that	I ar	n duly a	autho	oris	ed to re	nder financia	ıl ser	vices	in respec	ct of
this	product	. All	parties	concerned	have	been	identified	and	verified	and	all	relevant	documentatio	n has	been	obtained	and
арр	ropriate pr	oced	lures hav	ve been app	olied												

Name	Signature	Date			
Processed by	Signature	Date			

Signature of	investor:
*Authorised	signatory:
*Authorised sig	natory/ (ies) acting on behalf of the investor (e.g. parents / guardians of a

ANNEXURE A

Unless previously provided to the Manager, please send verified/certified copies of the documents set out below. These are used to verify the identity of the Client. Strictly, only clear, legible copies of identity and other documents will be accepted, the Manager reserves the right to ask for further documentation

Individual/ Sole Proprietor: Zambian Individual

National Registration Card (NRC) / Copy of Passport

Proof of physical residential address (not older than 3 months)

*Please refer to Annexure A for additional information / documentation required.

Passport size pictures

Proof of Bank Details: Copy of Bank Statement OR cancelled Cheque OR letter from bank confirming account (Clearly indicating bank details)

Authority to act (if applicable)

Power of attorney / letter of appointment from the court and NRC, proof of physical residential address and contact details of persons authorised to act

Birth certificate (for minors under 18 years) and proof of authority (where minor is assisted by legal guardian) Passport size pictures

Trusts

Trust deed or other founding document

Proof of physical registered address of Master of High Court (stamp on letter of authority)

Letter of authority from the Master of the High Court and trustees' resolution **Authority**

to act:

Copy of NRC, proof physical residential address and contact details of each trustee, each beneficiary, the founder and the persons authorised to act

Partnerships

Partnership Agreement

Proof of registered physical address

Partners' Resolution Authority

to act:

NRC, physical residential address and contact details of all the partners and persons authorised to act and of the Person Exercising Executive control of the partnership

Unlisted companies: Zambian

Certificate of Incorporation Certified copy of Change of Name, if applicable Proof of Registered Office and Postal Address Current list of Directors **Authority**

to act:

Directors' (Board) Resolution and/or Delegation of Authority Certified copy of the NRC of authorized signatories Proof of residential address and contact details of authorized signatories Proof of physical business address and trading/operating name

Listed companies

Certificate of Registration

Certified copy of Articles of Association

Copy of PACRA companies form 2

Headed Letter/board resolution confirming list of authorized signatories Proof

of VAT/TPIN registration

Proof of Bank Details: Copy of Bank Statement OR cancelled Cheque OR letter from bank confirming account (Clearly indicating bank details)

Authority to act:

Directors' (Board) resolution

NRC copy, proof of residence and contact details of persons authorised to act

Pension funds

Registration certificate (Registrar of Pension Funds) Authority to act: trustees' resolution Proof of physical residential address NRC of

persons authorised to act

Details of Residential Address and contact details of the Trustees and persons authorized to act Authority

to act (if applicable):

Power of attorney / letter of appointment from the court and Identity document, physical residential address and contact details of persons authorised to act

Other entities (Legal persons)

Founding Document/Document of Constitution/Registration Certificate

Schools: Registration Certificate issued by the relevant Department of Education

Public Schools: Government Gazette which stipulates the full name of the school

Regulated Funds: Certificate of Registration/Letter from regulator confirming that the entity has been registered and copy of the Rules of the Fund - must bear the stamp of the Regulator

Churches and other Non Profit Organisations: registration certificate issued by the Non Profit Organisation Directorate

Governmental bodies other than municipalities: Government Gazette which includes the name of the relevant Municipality/ Governmental Body and proof of investment mandate **Authority to act:**

Authorised Signatories' Resolution

Identity document, details of physical residential address and contact details of Person/s Authorised to act and of the Person Exercising Executive control Proof

of physical business address

Deceased estates

Letter of Executorship/Letter of Authority Authority

to act:

Special power of attorney (if applicable)/ executors'/ authorized signatories' resolution

Identity document, details of physical residential address and contact details of persons authorised to act

Medical aids

Registration certificate (Council for Medical Schemes) trustees' resolution

Authority to act:

Identity document, physical residential address and contact details of trustees and persons authorised to act Proof of physical business address