



UNIT TRUST APPLICATION FORM (CORPORATE)

Instructions:

- Please complete all forms in CAPITAL letters
- Altus Unit Trust Fund is managed by Altus Capital Limited
- No process without a complete set of documentation having been received

NEW CLIENT

EXISTING CLIENT

1. Investor details

I. Type of Entity

Company

Trust

Non-profit Organization

Others (specify)

II. Institution details

Name of Institution

Physical Address

Postal Address

Contact person of Legal Entity

Title

Surname

First Name(s)

Telephone (w)

Email

Job Title

II. Investor bank account details (for all income/withdrawal payment instructions)

Bank Name

Branch Name

Account Name

Account Number

III. Details of Signing mandate

A. Name..... B. Name.....
 Signature..... Signature.....

B. Name..... D. Name.....
 Signature..... Signature.....

I hereby authorize the Manager to arrange with our bank for the payment of the investment amounts as indicated in this application, 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.**

IV. 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 antimoney 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 honored for any reason whatsoever.

ALTUS GRATUITY BANK DETAILS

For Altus Gratuity Fund Collections:
Account Name: Stanbic Nominees Altus Gratuity Collection Account
Bank: Stanbic Zambia Limited
Branch: Arcades
Branch code: 040010
Account number: 9130002820009

FINANCIAL ADVISOR

I, the undersigned, hereby declare and warrant that I am duly authorized to render financial services in respect of this product. All parties concerned have been identified and verified and all relevant documentation has been obtained and appropriate procedures have been applied

Name..... Signature..... Date.....

Processed by..... Signature..... Date.....

Signature of investor: _____

Signature of investor (1) _____

Signature of investor (2) _____

Date

d	d	m	m	c	c	y	y
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*Authorised signatory/ (ies) acting on behalf of the investor (e.g. parents / guardians of a minor).

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

V. TERMS AND CONDITIONS

1. FEES

A fee of 3% per-annum is charged on the money funds. Fees may be revised from time to time and such revisions will be communicated in writing.

2. MINIMUM INVESTMENT PERIOD

The investment period for the fund is 3 months.

3. WITHDRAWALS

The investor may withdraw part or all of the units once in a month after the minimum investment period, however, a penalty of 5% on the value of each withdrawal is applied on the second and subsequent withdrawal within the same month.

4. PENALTIES

Withdrawals or redemptions before the minimum investment period are not permissible.

5. STATEMENTS

Statements will be sent monthly/quarterly by email.

6. MODE OF PAYMENT

Investments can be made by cheques, Bank Transfer, Bank Deposit or Direct Debit.

7. TRANSFER

Funds/ units can be transferred within a fund at any time at no cost.

8. ASSIGNMENTS

This account may be assigned. However, no assignment shall be binding on the company until written notice is delivered to the company.

9. DEATH OF ACCOUNT HOLDER

The proceeds from the account will be paid to the named beneficiary and or appointed administrator or executor in case of death of the account holder

VI. 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)

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

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 Organizations: registration certificate issued by the Non-Profit Organization 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 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.