

INVESTMENTS

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 Cut-off time for all instructions - 13:00 South African time
 (equivalent Jersey time as set out in the Prospectus on any business day.)

Change of personal details for investor or joint investor

Alexander Forbes Investments Global Fund

Please complete ALL fields marked with an asterisk (*).

Please provide investor details

Investor number

Surname*

First name(s)*

Identity number* (passport number, if foreign national)

Entity name

Entity registration number

Financial adviser name/practice

Update investor details

Only complete the details that have changed.

Surname

Title First name(s)

Marital status

Single Married Divorced Widowed

Identity number (Passport number, if foreign national)

Former/maiden name(s)

Yes No

Gender

Male Female

If yes, please list name(s)

Citizenship

Country of residence

Occupation

Residential address

| | |
|----------------------|----------------------|
| Unit number | Complex name |
| <input type="text"/> | <input type="text"/> |
| Street number | Street/Farm name |
| <input type="text"/> | <input type="text"/> |
| Suburb/district | |
| <input type="text"/> | |
| City/town | |
| <input type="text"/> | |
| Country | Postal code |
| <input type="text"/> | <input type="text"/> |

Postal address

| | |
|----------------------|----------------------|
| <input type="text"/> | |
| City/town | |
| <input type="text"/> | |
| Country | Postal code |
| <input type="text"/> | <input type="text"/> |

Contact numbers

| | | |
|----------------------|----------------------|----------------------|
| home | work | cellphone |
| <input type="text"/> | <input type="text"/> | <input type="text"/> |
| fax | | |
| <input type="text"/> | | |
| Email address | | |
| <input type="text"/> | | |

Update joint investor's details

Only complete the details that have changed.

| | |
|--|---|
| Surname | |
| <input type="text"/> | |
| Title | First name(s) |
| <input type="text"/> | <input type="text"/> |
| Identity number (Passport number, if foreign national) | Gender |
| <input type="text"/> | <input type="checkbox"/> Male <input type="checkbox"/> Female |
| Country of residence | |
| <input type="text"/> | |
| Citizenship | |
| <input type="text"/> | |
| Former/maiden name(s) | Marital status |
| <input type="checkbox"/> Yes <input type="checkbox"/> No | <input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed |
| If yes, please list name(s) | |
| <input type="text"/> | <input type="text"/> |
| <input type="text"/> | <input type="text"/> |
| Occupation | |
| <input type="text"/> | |

