

1. IMPORTANT INFORMATION

- PSG Invest (Pty) Ltd, an authorised administrative financial services provider, is the Administrator of this investment.
- Please complete all relevant sections of this application form.

FOR OFFICE USE ONLY

Financial Adviser Code

Date Issued

2. REPRESENTATIVE PERSONAL DETAIL

Full names

Surnames

Title

Date of birth

Identity number

Physical address

Postal code

Postal address

Postal code

Home Tel

Work Tel

Cell phone

Fax

E-mail address

3. FINANCIAL SERVICE PROVIDER DETAIL

FSP Name

Company

CC

Partnership

Sole Proprietor

FSP Registration number

Physical address

Postal code

Postal address

Postal code

Home Tel

Work Tel

Cell phone

Fax

E-mail address

Signed at (place)

this

day of

20

Authorised Signature of FSP

Signed at (place)

this

day of

20

Signature of Financial Adviser

Investment Specialist Name

Please supply certified copy of ID and certified copy of proof of address not older than three months with this application form.

4. FAX AND E-MAIL INDEMNITY

I, the undersigned, authorise the Administrator to accept instructions by fax or e-mail and hereby waive any claim that I may have against the Administrator and indemnify the Administrator against any loss incurred as a result of the Administrator receiving and/or acting upon such communication.

The Administrator will not be held responsible for any failure, malfunction or delay of any networks or electronic or mechanical device or any other form of communication used in the submission, acceptance and processing of application form and/or transactions. The Administrator will not be liable to make good or compensate any investor or third party for any damages (whether direct or consequential), losses, claims or expenses resulting there from. The Investor or any third party indemnifies the Administrator accordingly.

FSP Name

FSP Code

Authorised signatory/(ies) for the FSP:

1 Full name
Capacity

2 Full name
Capacity

3 Full name
Capacity

4 Full name
Capacity

5 Full name
Capacity

6 Full name
Capacity

7 Full name
Capacity

8 Full name
Capacity

Signed at (place) this day of 20

Signature of Financial Adviser

5. CONTACT DETAILS

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