

Sinking Fund Policy Application for Institutional Investors



MAKE AN INFORMED DECISION

Before investing, read the Terms and Conditions of the Policy carefully to decide if the product meets your financial needs. Consider getting financial advice if you are not familiar with financial markets and products. View the Investment Option Brochure for information about the characteristics, risks and fees relevant to your investment choice.



COMPLETE THE FORM AND SUBMIT DOCUMENTS

Complete all relevant sections of this form and submit it, together with the documents listed below, to prescient@thecycle.co.za.

- ☐ Founding documents of entity e.g. CM1 & CM22 for company; Master's authority & trust deed; partnership contract; registration certificate
- ☐ Identity documents - if South African citizen, or passport (if foreign national) for all authorised signatories and trustees
- ☐ A document less than three months old containing the entity's street address
- ☐ Proof of authority to act for the entity – e.g. a resolution containing names and specimen signatures
- ☐ A cancelled cheque or a copy of the entity's bank statement
- ☐ Proof of your deposit or your electronic fund transfer



PRODUCT BANK ACCOUNT DETAILS

Payment to be made into the following account.

Account Name	Prescient Sinking Fund
Account Number	62558117901
Bank	FNB
Branch	Bedford Gardens 252155
Type of Account	Current
Reference Number	Entity Name



PRODUCT FEES

The policy administration fee will be recovered through a sale of units in your Investment Account. The fees that apply to your selected investment options are set out below.

Fees (% of Investment Account)	R0-5m	R5-10m	>R10m
% of assets excluding VAT	0.4218%	0.342%	0.285%



CUT OFF TIMES

We will only process your instruction once we receive all the required documents and the investment amount reflects in our product bank account. Instructions received before 13:00 (SA time) on a business day will be processed on the same day. Any instruction received after 13:00 on a business day will be processed on the next day. Instructions in respect of a money market portfolio must be received by 11:00.



FINAL STEPS

We will send you a confirmation once the investment is finalised. Thank you for choosing to invest with us.



CONTACT US

If you need help with this form, contact us on 011 706 3542 or email prescient@thecycle.co.za between 8:00 - 17:00 (Mon - Fri).





PROVIDE DETAILS OF YOUR ENTITY

New Investor	<input type="checkbox"/>	Existing Investor	<input type="checkbox"/>	Client Number	<input type="text"/>
Registered Name	<input type="text"/>				
Trading Name	<input type="text"/>				
Registered Number	<input type="text"/>	Type of entity	<input type="text"/>		
Income Tax Number	<input type="text"/>	VAT Number	<input type="text"/>		
Street Address	<input type="text"/>				
<input type="text"/>				Postal Code	<input type="text"/>
Postal Address (if the same as residential address, tick this box)				<input type="checkbox"/>	
<input type="text"/>				Postal Code	<input type="text"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>		
Cell	<input type="text"/>	Email Address	<input type="text"/>		



CONTACT PERSON

Title	<input type="text"/>	Surname	<input type="text"/>		
First Name(s)	<input type="text"/>			Male	<input type="checkbox"/>
				Female	<input type="checkbox"/>
Date of Birth	<input type="text"/>	Nationality	<input type="text"/>		
ID or Passport Number (if foreign national)	<input type="text"/>				
Telephone	<input type="text"/>	Cell	<input type="text"/>		
Email Address	<input type="text"/>	Capacity	<input type="text"/>		



AUTHORISED SIGNATORIES

Authorised Signatory 1

Title	<input type="text"/>	Surname	<input type="text"/>		
First Name(s)	<input type="text"/>			Male	<input type="checkbox"/>
				Female	<input type="checkbox"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>		
Email Address	<input type="text"/>	Cell	<input type="text"/>		
Capacity	<input type="text"/>	Signature	<input type="text"/>		



Authorised Signatory 2

Title	<input type="text"/>	Surname	<input type="text"/>
First Name(s)	<input type="text"/>	Male	<input type="checkbox"/> Female <input type="checkbox"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email Address	<input type="text"/>	Cell	<input type="text"/>
Capacity	<input type="text"/>	Signature	<input type="text"/>

Authorised Signatory 3

Title	<input type="text"/>	Surname	<input type="text"/>
First Name(s)	<input type="text"/>	Male	<input type="checkbox"/> Female <input type="checkbox"/>
Telephone	<input type="text"/>	Fax	<input type="text"/>
Email Address	<input type="text"/>	Cell	<input type="text"/>
Capacity	<input type="text"/>	Signature	<input type="text"/>

YOUR METHOD OF PAYMENT

Lump Sum Payment (minimum amount – R5 000 000.00)

- Cheque deposit ☐ All cheques need to be endorsed as “Non Transferable” and deposited directly into the product account. Banks do not accept cheques of more than R500 000.00. The investment will only be made when cheques are cleared.
- Electronic / Internet transfer ☐ Electronic internet transfers may take up to two business days to appear in the bank account. An investment may only be made upon receipt of documentation and funds into the account.
- Electronic Collection ☐ Collected within two business days after the receipt of this form. Electronic collection is restricted to a maximum of R500 000.00 per debit. Multiple debits will be processed on the same day for higher amounts.

Amount Collection Date

Specify the source of funds (e.g. company profit, investment proceeds, sale of assets, donation, etc). We reserve the right to request documentary proof (e.g. income statement, bank statement, etc).

Regular Debit Order (minimum amount - R50 000.00)

A monthly debit order amount of to be collected on 1st of the month ☐ or 15th of the month ☐

If the 1st or the 15th falls on a weekend or public holiday, the funds will be deducted on the first following business day thereafter. Any debit order instruction / amendment must be received in writing at least five business days prior to the selected debit order date in order for it to be acted upon.

Commencement Date Annual Escalation %





YOUR TAX INFORMATION

Do you have a Tax Identification Number (TIN) issued by another country?

Yes

☐

No

☐

Country of Tax Issue	Tax ID Number (TIN)

Are you considered a tax payer, or need to submit a tax return, in any other country for which you have not been issued a TIN?

Yes

☐

No

☐

If yes, list them below.

List of Countries



PROVIDE BANK DETAILS OF THE ENTITY

This must be a South African bank account in the name of the Entity.

Account Holder	<input type="text"/>	Bank	<input type="text"/>
Account Number	<input type="text"/>	Type of Account	<input type="text"/>
Name of Branch	<input type="text"/>	Branch Code	<input type="text"/>
Authorised Signatory	<input type="text"/>		



CHOOSE YOUR INVESTMENT OPTIONS

Please insert the version number of the latest Investment Option Brochure and complete the table below.

Investment Portfolio	Investment Amount (%)	Debit Order (%)
	%	%
	%	%
	%	%
	%	%
	100%	100%





COMPLETE IF YOU HAVE A FINANCIAL ADVISOR

Name of Financial Services Provider (FSP)

FSP License Number Name of Financial Advisor

Telephone Email Address

Investor's fee payment instruction:

Initial fee % % Maximum 3.0% (excluding VAT) deducted prior to the investment being made. Where the annual fees are more than 0.5%, initial fees are capped at 1.5%. If it is agreed that no initial fee is payable, insert 0%.

Annual fee % % Maximum 1.0% (excluding VAT) of the investment account. Where the initial fee is more than 1.5%, the maximum annual fee is 0.5%. If no annual fee is payable, insert 0%.

I, the appointed Financial Advisor for this investment application, declare that:

1. I have established and verified the identity of the investor/s (and persons acting on behalf of the investor/s) in accordance with the Financial Intelligence Centre Act 38 of 2001 (FICA). I will keep records of such identification and verification.
2. I am licensed in terms of the Financial Advisory and Intermediary Services Act 37 of 2002 (FAIS) to provide financial services in respect of this investment.
3. I have read and understand the most recent terms and conditions of this investment and have explained them to the investor/s.
4. I have made the disclosures required under the FAIS Act to the investor/s, and have explained all the fees and charges that are payable.
5. I will periodically review the investor/s' investment/s in return for the annual advisor fee.
6. I am aware that the investor/s may instruct the Administrator at any time in writing to cancel the fee payment to me.

Signature of Financial Advisor Date



AUTHORISATION AND DECLARATION

1. I have read and fully understood all the pages of this application and agree to the Terms and Conditions of the Sinking Fund Policy.
2. I understand that this application and any further documents read with the Policy document constitutes the entire agreement between Prescient and me.
3. I warrant that the information contained herein is true and correct and that where this application is signed in a representative capacity, I have the necessary authority to do so and that this transaction is within my power.
4. I have not received any advice, guidance or recommendation regarding this investment from Prescient or the Administrator.
5. I authorise the Administrator to deduct any electronic collections from the specified bank account, and to pay any applicable fees and charges, including negotiated fees to a Financial Advisor (if relevant).
6. I authorise the Administrator to accept instructions from persons duly appointed and authorised by me in writing, e.g. my Financial Advisor. I will not hold Prescient or the Administrator liable for any losses that may result from unauthorised instructions given to them.
7. I authorise the Administrator to accept and act upon instructions in the prescribed format by facsimile or e-mail and hereby waive any claim that I have against Prescient or the Administrator and indemnify Prescient and the Administrator against any loss incurred as a result of the Administrator receiving and acting on such communication or instruction.
8. I consent to the Administrator making enquiries of whatsoever nature for the purpose of verifying the information disclosed in this application and I expressly consent to the Administrator obtaining any other information concerning me from any source whatsoever to enable the Administrator to process this application.

Full name of Signature		Full name of signature	
Signature		Signature	
Capacity		Capacity	
Signed At		Signed At	
Date		Date	

