



Unit Trust Recurring Withdrawal Form

How to Invest

1. Please send the completed Application Form to Catalyst Investment Managers at fax to email number **+264 833308081** or emailed to units@catalyst.com.na
2. Cut off times for receiving transactions is **11h00** (local time), to be transacted at the net asset value price for that day.

Details

Existing Investor Client Number

Investor

Name / Entity Name / Co. Registered Name _____
ID/ Registered Number _____
Telephone _____ Telephone (W) _____
Cell _____ Fax _____
Email Address _____

Acting on behalf of Investor * / Joint Investor**

- * This is for Guardians/ persons with Powers of Attorney
- ** This is for second name if joint registration of investment

Title _____ Surname _____
First Name(s) _____ Male _____ Female _____
Date of Birth _____ Nationality _____
Identity Number or Passport (if no Namibian ID) _____
Income Tax Number _____
Physical Address _____
_____ Post Code _____
Postal Address _____ Post Code _____
Telephone (H) _____ Telephone (W) _____
Cell _____ Fax _____
Email Address _____
Capacity _____

Banking Details for Payment

Name of Account Holder _____
Name of the Bank _____
Branch Name _____ Branch Code _____
Account Number _____ Account Type _____

- If bank details have changed since the initial application a cancelled cheque or bank statement must be attached as proof of banking details.
- The account holder must have a Namibian bank account.
- No payments will be made into third party bank accounts or credit cards. (i.e. payments will only be made to the bank account in the name of the registered investor).
- No payments will be made by cheque.

Unit Trust Funds

Please select the appropriate fund/s that you would like to redeem units or a percentage of units or a rand value from.

From Unit Trust Fund	Number of Units	N\$ Value of Units	% of Units	Cancel Debit Order	
				Yes	No

Terms and Conditions

General

1. Please note that this application must be received by the manager by or before 11:00 (local time).
2. Please note in the case of redemptions, settlement may take up to 48 hours.
3. Investors wishing to redeem units amounting to more than 5% of the total market value of the relevant unit trust fund portfolio must provide the manager with at least 7 business days' written notice of such redemption. If this notice is not received by the manager, the company may treat such withdrawal as only having taken place on the 7th business date after such instruction is received. However, where the amount to be redeemed exceeds 10% of the total market value of the portfolio, the parties shall determine the actual date of withdrawal through mutual agreement between them.
4. The net asset value price is calculated using the forward pricing methodology. The net asset value can be defined as the total market value of all assets in the unit portfolio including any income accruals and less any permissible deductions from the portfolio, divided by the number of units in issue.

Instructions

1. Only signed written instructions (faxed copies included) from the unit holder or the FSP will be acted upon.
2. The manager will not proceed with any transaction if there is any doubt as to the validity of any signatures/information or if it deems the instruction to be incomplete in any way and the company cannot be held liable for any resultant losses as a result thereof.

Authorisation and Declaration

1. I hereby give notice in terms of the trust deed of my application to sell the relevant units and in consideration of the purchase price to be paid to me for the said units, hereby cede, assign and transfer all my rights, title and interest in and to be said units to you and acknowledge that I have no further interest therein.
2. 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.
3. I know that there are no guarantees on my investment capital.
4. I authorise the manager to accept and act upon instructions by facsimile or e-mail and hereby waive any claim that I have against the manager and indemnify the manager against any loss incurred as a result of the manager receiving and acting on such communication or instruction.

Signed at _____ Date _____

1. Full Name of Signatory _____ Capacity _____

Signature of Investor/Legal Guardian _____

2. Full Name of Signatory _____ Capacity _____

Signature of Joint Investor/Legal Guardian _____

Contact

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Olympia
Windhoek

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Windhoek

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Fax: +264 83 330 8081
info@catalyst.com.na
www.catalyst.com.na

Compliance Department

Please do not hesitate to contact us if you are not satisfied with this investment or the services received from the manager. A complaint must be submitted to the Compliance Officer. The contact address of the Compliance Officer is the same as the address above. The manager will acknowledge the complaint in writing and will inform the investor of the contact details of the persons involved in the resolution thereof.