Navigator Investment Services

Appendix A(i)

SUBMISSION CHECKLIST (FOR ORIGINAL FORMS)



										, , , , , , , ,
To: Na	avigator (Unit Trust Operations	nitted By FA Firm :								
Navigator Fax no.: 6827 7700 FA Firm Contact no. & email :										
		FA Fi	rm Fax no.		•					/ / /
									Date (I	DD/MM/YY)
			Form Type & Quantity (By no. of set submitted)							
S/N	Client Name	Adviser Name	Account Opening	Subscription	Switch	Redeem / Withdrawal	Transfer	For Al plans only (Include doc required for subscription & switching)	Remarks	Comments by Navigator UT Ops
I hereby certify that the trades above are completed, authenticated and accurate. The supporting documents enclosed (if applicable) are up to date.									Navigator Offici	al Use Only
										,
Name of Authorised Signatory, Signature and Company Stamp*										

Name of Authorised Signatory, Signature and Company Stamp

Kindly ensure that the signature provided ("Signature") is identical with the specimen signature provided to us ("Specimen"). In the event that the Signature differs from the Specimen, we reserve the right to reject any or all of the submissions enclosed.