



ENTITY BUYING FORM PART 2

Unit Trust Account Holder Name:

Unit Trust Account Number:

SUPPORTING DOCUMENTS

- Income Tax Registration Certificate
- VAT Registration Certificate
- Proof of banking details
- Financial statements/verification of operating activities of the entity
- ID documents/passports for all individuals listed under points 4.1 and 5.1 below
- Proof of income for all clients investing with us

1. DETAILS OF FOREIGN ENTITIES

1.1 The name under which it conducts business in the country in which it is incorporated:

1.2 If not incorporated in Namibia, the registered or principal address from which it operates in the country where it is incorporated:

2. SOURCE OF INCOME

2.1 Please provide a brief description of the **main activities** from which the entity derives its funds:

2.2 Please specify any additional sources of revenue/funds (eg. licensing fees, founders' contributions, etc):

(Source)

(Source)

(Source)

2.3 If the entity is not a trading or operating entity (e.g. family trust, holding company) please specify the source of funds for the investment in detail:



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SOURCE OF INCOME (continued)

2.4 If the entity is not a trading or operating entity (e.g. family trust, holding company) please specify the purpose/reason for existence of the entity:

3. INVESTMENT DETAILS

3.1 Please provide nature and purpose of the investment with Old Mutual Unit Trust (please tick):

Short-term Liquidity Long-term Capital Accumulation

3.2 Please provide detail of expected transactions if frequent investments and/or disinvestments are expected to occur:

4. SOURCE OF FUNDS

4.1 For Trust and non-trading entities, please provide the source of funds of any natural persons/other legal entities contributing funds to the entity (e.g. founder of Trust, member of Close Corporation):

Full Name	ID Number/Registration Number	Designation	Source of funds for contribution

4.2 Please provide details of any funds received from foreign sources:



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5. BENEFICIARY DETAILS

5.1 Please provide details of all shareholders/members/beneficiaries:

Full Name	ID Number/Registration Number	Designation	Nationality

5.2 If there are no named beneficiaries, please provide a description of the process by which beneficiaries will be determined:

5.3 For foreign registered/domiciled entities, please provide the reason for investing in Namibian Unit Trusts:

I confirm that the information provided above is correct and further undertake to provide any additional information that may be requested from Old Mutual Unit Trust concerning my account or any transaction conducted thereon.

Client Name:	Signature:	Date:
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Intermediary/Staff Member Name:	Signature:	Date:
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OLD MUTUAL UNIT TRUST MANAGEMENT APPROVAL

Old Mutual Unit Trust Designated Manager Name:	Signature:	Date:
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Compliance Officer Name:	Signature:	Date:
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