

Surname and Initials:

Previous names, if any:

Title and First Names:

Unit Trust Number:

- Payslip or Proof of Income (e.g. proof of incorporation of own business)
- Proof of Banking Details

The above named is the beneficial owner of and will at all times exercise effective control over the account and all units held under and associated with the account.

YES NO

Sources of Income of the Investor:

2.1	(Source)	(Amount)
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Frequency of above mentioned source of income: Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually ☐ Ad-hoc ☐

2.2	(Source)	(Amount)
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Frequency of above mentioned source of income: Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually ☐ Ad-hoc ☐

2.3	(Source)	(Amount)
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Frequency of above mentioned source of income: Monthly ☐ Quarterly ☐ Bi-Annually ☐ Annually ☐ Ad-hoc ☐

Source of Wealth of the Investor:



NATURAL PERSON BUYING FORM PART 2

3. EXPECTED TRANSACTIONS

Please indicate with a tick (✓) the appropriate option:

Regular Monthly Investments ☐ Lump Sum Investments only ☐ Regular Monthly Investments and ad-hoc Lump Sum Investments ☐

If frequent lump sum investments and/or frequent disinvestments are expected, please provide the reason for the expected transactional behaviour:

For non-resident investors, please provide the reason for maintaining a Unit Trust account in Namibia:

I confirm that the information provided 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:
Intermediary/Staff Member Name:	Signature:	Date:

OLD MUTUAL UNIT TRUST MANAGEMENT APPROVAL

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