



- All sections must be completed in full using BLOCK LETTERS.
- Indicate all options selected by means of a cross [X].
- Initial any amendments made to the application form.
- Ensure that all information provided is accurate.
- No instruction will be processed unless all requirements have been met.
- The daily cut-off for receipt of instructions is 12h00 and 10h00 for Money Market Fund instructions.

- You may opt to complete this form digitally - it requires Adobe Acrobat Reader DC. Download it to your device by clicking on the icon above.
- Completed forms should be faxed to +264 (61) 249 444, emailed to clientservices@namasset.com.na or by clicking the Submit Form button.
- Should you have any queries regarding this application, please contact us on +264 (61) 275 700.

COMPLETE THIS FORM DIGITALLY



A INVESTOR DETAILS

Existing Investor Number:

Full Name:

ID or Passport Number (if foreign national):

Contact Details Telephone Number: Email Address:

B SWITCHING INSTRUCTION

If you specify to switch a number of units from a fund, please use the percentage column for the fund to which you are switching.

	From			To		
	Amount	Units	Percentage	Amount	Units	Percentage
NAM Coronation Money Market Fund	N\$		%	N\$		%
NAM Coronation Strategic Income Fund	N\$		%	N\$		%
NAM Coronation Balanced Defensive Fund	N\$		%	N\$		%
NAM Coronation Capital Plus Fund	N\$		%	N\$		%
NAM Coronation Balanced Plus Fund	N\$		%	N\$		%
NAM Coronation Optimum Growth Fund*	N\$		%	N\$		%

*Switches out of the NAM Coronation Optimum Growth Fund will be effected at prevailing NAV price upon receipt of this form by NUTM. Settlement into the receiving fund may however take 2-5 business days.

Income Distribution: Reinvested Paid to bank account

C CHANGE DEBIT ORDER INSTRUCTIONS (IF APPLICABLE)

My debit order on this account is to:

- Remain unchanged for the fund from which I am switching (for partial switches)
- Be cancelled Effective date:
- Be changed to the fund into which I am switching

I/We warrant that the information contained herein is true and correct, and that I/we have power and authority to enter into and conclude this transaction.

Debit Order Authorisation Signature/s:

Debit Order Authorisation Signature/s:

Click in the Signature Box for instructions

SIGN THIS FORM WITH DIGITAL ID



Date:



D REGULAR WITHDRAWALS

My regular withdrawal on this account is to:

- Remain unchanged for the fund from which I am switching (for partial switches)
- Be cancelled Effective date:
- Be changed to the fund into which I am switching

I/We warrant that the information contained herein is true and correct, and that I/we have power and authority to enter into and conclude this transaction.

Click in the Signature Box for instructions

SIGN THIS FORM WITH DIGITAL ID 

Authorisation Signature/s:

Date:

Authorisation Signature/s:

Date:

E INVESTOR SIGNATURE

I/We hereby acknowledge that all terms and conditions that are applicable to my original investment application apply to this instruction and I/we understand and agree to be bound by those terms.

Click in the Signature Box for instructions

SIGN THIS FORM WITH DIGITAL ID 

Signature of Investor/Authorised representative (1st):

Date:

Signature of Investor/Authorised representative (2nd):

Date:

Signature of Investor/Authorised representative (3rd):

Date:

Signature of Investor/Authorised representative (4th):

Date: