



**COMPLETE THIS FORM DIGITALLY**



- 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 should be submitted by clicking on the submit form button.
- Should you have any queries regarding this application, please contact us on +264 (61) 275 700.

### A TRANSFEROR (TO BE COMPLETED BY CURRENT INVESTOR)

Existing Investor Number:

Full Name:

ID or Passport Number (if foreign national):

Contact Details Telephone Number:  EMail Address:

I/We hereby declare that I/we wish to cede/assign and/or transfer all my rights, obligations and ownership to the transferee below:

Fund Name	Monetary Value	Number of units
NAM Coronation Money Market Fund	N\$	
NAM Coronation Strategic Income Fund	N\$	
NAM Coronation Balanced Defensive Fund	N\$	
NAM Coronation Strategic Income Fund	N\$	
NAM Coronation Balanced Plus Fund	N\$	
NAM Coronation Optimum Growth Fund	N\$	

Debit order instructions (if applicable) be:  Transferred  Cancelled  Fixed

### B TRANSFEEE (TO BE COMPLETED BY RECIPIENT)

I/We hereby agree to accept the said transfer, subject to all the provisions of the Trust Deed

Existing Investor:  Yes  No

If **yes**, please provide existing investor number:

If **no**, please complete a New Investor Application form and submit all required documentation.

[DOWNLOAD NEW INVESTOR APPLICATION \(COMPANY\)](#)

[DOWNLOAD NEW INVESTOR APPLICATION \(NATURAL PERSON\)](#)

Surname/Company/Trust/Partnership/Close Corporation:

Title:  First Name(s):

ID or Passport Number (if foreign national):

Postal Address:  Code:

Telephone (home):  Telephone (work):

Fax Number:  Cellphone Number:

Email Address:



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### AUTHORISATION/DECLARATION

#### DECLARATION BY TRANSFEROR

I/We, the undersigned Transferor, hereby give notice in terms of the Trust Deed of my/our application to transfer ownership of the relevant units and in consideration of the purchase price to be paid to me/us for the said units, hereby cede, assign and transfer all my/our rights, title and interest in and to the said units to the Transferee, who accepts such transfer.

I/We further acknowledge that by transferring ownership I/we will not be entitled to the benefits to the transfer. I/We warrant that I/we have the power and authority to enter into and conclude this transaction.

Click in the Signature Box for instructions

SIGN THIS FORM WITH DIGITAL ID



Signature of Transferor(s) (or Duly Authorised Representative): (1st):

Date:

Signature of Transferor(s) (or Duly Authorised Representative): (2nd):

Date:

#### DECLARATION BY TRANSFEEE

I/We, the undersigned Transferee hereby confirm to accept such cession, assignation and transfer for the said units and agree to be bound by the terms of the Trust Deed.

Signature of Transferor(s) (or Duly Authorised Representative) (1st):

Date:

Signature of Transferor(s) (or Duly Authorised Representative) (2nd):

Date: