Capricorn Asset Management
a member of Capricorn Group

A-2
v2024.01

CHANGE IN INVESTOR DETAILS – NATURAL PERSON

When you should use this form

This document is intended for existing investors who wish to notify us of changes to any existing information that we presently hold on record, including personal information, appointed financial advisor details, banking details or authorised signatories.

Important Information

1. **This form is not valid unless Sections A & B are completed in full and stamped by a Bank Windhoek official, Capricorn Private Wealth or Capricorn Asset Management (CAM) representative officer or authorised financial advisor and will only be processed once the original form and relevant documentation is received.**
2. This form needs to be accompanied by an **originally certified Identity Document** (Namibian ID required for Namibian Nationals, Namibian Driver's Licence (new licence rolled out since 2022 displaying full personal details), Namibian passport (with minimum 6 months validity remaining) or Foreign passport (with minimum 6 months validity remaining and includes visa entry stamp, work visa or residency stamp) and **positive verification is required**.
3. All documents submitted must be **originally certified copies not older than 3 months.**
4. Please note that any changes indicated on this form are subject to verification and confirmation by the Administrator (CAM).

Section A: Investor Details

Surname		Client No.	
Full Name(s)			

Section B: Confirmation / Change of Investor Details (Compulsory)

Surname *to be supported by applicable documentation		Title	
Full Name(s)			
ID / Passport No.		Issued By (Country)	
Country of Residence		Country of Tax Residency	

Contact Detail	Cell *Police Declaration required	☐ Add	
		☐ Remove	
	Home		
	Work		
E-Mail Address	☐ Add		
	☐ Remove		

Postal Address		Residential Address	

Employment Type	☐ **Salary Earner** (please complete below)	☐ **Minor**	☐ **Unemployed**
Name of Employer		Monthly Net salaried income	N$
Position at Workplace			
☐ **Self-Employed** (please complete below)			
Provide details of the type and nature of business		Net Monthly Business Income/ Turnover	N$
☐ **Pensioner** (please complete below)			
Name of Pension Fund		Monthly Net income	N$

Marital Status	☐ Single	☐ Divorced	☐ Widowed	☐ ANC with Accrual	☐ Married In Community	☐ Married Out of Community

Section C: Change of Details (Complete applicable sections in full)

☐ Change in Financial Advisor Details (if applicable)

The information supplied here will supersede the current Financial Advisor details on record.			☐ Remove	☐ Replace
Financial Advisor Name			Advisor Code	
Practice / Company Name				
Recurring Advice Fee	%	Negotiable to a maximum of 2% of the investment portfolio market value. The fee is charged proportionally monthly in arrears.		
	The Annual Fee selected above should be deducted from the Investor's investment portfolio as follows:			
	☐ Highest Fund	☐ Proportional from all Funds	☐ Other Fund (please specify)	
Discretionary Mandate Declaration	☐ Viewing/Information mandate only	☐ Transaction Rights (Full mandate) (sign below)[1]		

[1]I authorise the Financial Advisor, whose name appears above, to give instructions to the Administrator, and I authorise the Administrator to accept and execute all instructions, except change in banking details, so submitted by the Financial Advisor on my behalf. I further acknowledge that all terms and conditions accepted by my Financial Advisor will be deemed accepted by myself, and that I will be bound by all such terms and conditions.

Signature of Investor ____

Financial Advisor Declaration

- I have properly explained all the relevant investment risks to the investor.
- I have disclosed and explained all fees and commissions payable by the investor that relate to this investment.
- I have identified all applicable parties to this transaction and verified their details under the requirement of the Financial Intelligence Act of 2012.
- I declare and warrant that I am duly authorised to render financial services.

Signature of Financial Advisor ____

☐ Change in Banking Details (if applicable)

Note: Our process to change banking details may take up to 5 business days to be effected. This bank account(s) will be the account to which all instructions will be processed. The "Nominated Bank Account(s)" should be in the investor's name in order for the Administrator to perform any future transactions as per the investor's instructions. The Administrator requires a statement not older than 3 months stamped by your bank or a Bank Confirmation of the investor's "Nominated Bank Account(s)".

Nominated Bank Account nr.1

☐ The following banking details **replace** the existing Nominated Bank Account	☐ **Add** an Additional Nominated Bank Account	☐ **Delete** the below Nominated Bank Account (where there is more than 1 nominated bank account)	
Name of Bank		Account No	
Branch Name		Branch No	
Account Type (only Cheque/Transaction and Savings accounts – no credit cards)		☐ Cheque/Transaction	☐ Savings

Nominated Bank Account nr.2

☐ The following banking details **replace** the existing Nominated Bank Account	☐ **Add** an Additional Nominated Bank Account	☐ **Delete** the below Nominated Bank Account (where there is more than 1 nominated bank account)	
Name of Bank		Account No	
Branch Name		Branch No	
Account Type (only Cheque/Transaction and Savings accounts – no credit cards)		☐ Cheque/Transaction	☐ Savings

☐ Change in Authorised Signatories (if applicable)

The following person(s), other than the account holder, is(are) authorized signatory(ies) on behalf of the investor and any instruction (limited to withdrawal & deposit instructions) submitted must be signed as indicated along with the **Mandate Holder Details Annexure (A-5) or Legal Guardian, Power of Attorney & Donor Annexure (F-2)**. Positive identification is required.

Please indicate the type of signatory	☐ A single signatory to authorise instructions	☐ Two signatories to authorise instructions	☐ Remove signatory

Full Name(s) and Surname	**ID/Passport No.**	**Capricorn Online**	
		☐ Add	☐ Remove
		☐ Add	☐ Remove
		☐ Add	☐ Remove

Investor Declaration

- I confirm and warrant that all information provided to the Administrator in this form is true and correct and not misleading and I undertake to provide updated information and supporting documentation to the Administrator without delay should any of the information so provided change.
- I confirm that I have the capacity and authority to submit this form to the Administrator.
- By my signature to this application form I acknowledge that I have been made aware of, understand and accept –
  - That all previous declarations made by me as well as the latest Capricorn investment platform terms and conditions and Bank Windhoek Application End-User Licence Agreement (the "Terms") will remain binding upon me;
  - that the Administrator has the right, without prior notice to me, to change, modify, add to or remove from portions or the whole of the Terms from time to time. Changes to the Terms will become effective upon such changes being posted to the Website.

Signature of Investor/Power of Attorney ____ **Date** ___________________________

Section D

For Bank Windhoek Branches/Broker House/CPW/CAM Official Use Only:
(Please email to cam.service@capricorn.com.na and send the original to the Administrator's Office)

Please select the applicable option and complete the details below.	☐ I confirm that I have identified & verified the investor and perused the original documents & verified these documents to be true copies of the originals.	☐ I confirm that I have identified & verified the investor.	☐ I confirm that I have received & perused the original documents & verified these documents to be true copies of the originals.
Bank Windhoek Branch / Broker House		Tarina	
Bank Windhoek Official Name / Advisor Name / CAM Official Name			
Employee no / Broker code			
Contact Number			
Signature of Bank Windhoek Official / Advisor / CAM Official			

Segment (UTSARBTYPE)	☐ Digital	☐ Retail	☐ CPW	☐ CAM Wealth	☐ IFA	☐ Business	☐ Corporate	☐ Institutional

Change in Banking Details Approval	**Name & Surname**	**Signature**
CAM EMT		
CAM EMT		