

INVESTMENTS

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 Cut-off time for all instructions - 13:00 South African time (equivalent Jersey time as set out in the Prospectus on any business day.)

Change of Personal Details for Investor or Joint Investor

Alexander Forbes Investments Global Fund

Please complete ALL fields marked with an asterisk (*).

Please provide investor details

Investor number

Surname*

First name(s)*

Identity number* (passport number, if foreign national)

Entity name

Entity registration number

Financial adviser name/practice

Update investor details

Only complete the details that have changed.

Surname

Title First name(s)

Marital status Identity number (Passport number, if foreign national)
 Single Married Divorced Widowed

Former/maiden name(s) Gender
 Yes No Male Female

If yes, please list name(s)

Citizenship

Country of residence

Occupation

Residential address

Unit number	Complex name
<input type="text"/>	<input type="text"/>
Street number	Street/Farm name
<input type="text"/>	<input type="text"/>
Suburb/district	
<input type="text"/>	
City/town	
<input type="text"/>	
Country	Postal code
<input type="text"/>	<input type="text"/>

Postal address

<input type="text"/>	
City/town	
<input type="text"/>	
Country	Postal code
<input type="text"/>	<input type="text"/>

Contact numbers

home	work	cellphone
<input type="text"/>	<input type="text"/>	<input type="text"/>
fax		
<input type="text"/>		
Email address		
<input type="text"/>		

Update joint investor's details

Only complete the details that have changed.

Surname	
<input type="text"/>	
Title	First name(s)
<input type="text"/>	<input type="text"/>
Identity number (Passport number, if foreign national)	Gender
<input type="text"/>	<input type="checkbox"/> Male <input type="checkbox"/> Female
Country of residence	
<input type="text"/>	
Citizenship	
<input type="text"/>	
Former/maiden name(s)	Marital status
<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Single <input type="checkbox"/> Married <input type="checkbox"/> Divorced <input type="checkbox"/> Widowed
If yes, please list name(s)	
<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>
Occupation	
<input type="text"/>	

