

TRANSFER OF UNIT TRUSTS

The applicant must initial each page as well as any amendments made to the application form. Please fax all the pages of this form to CLIENT SERVICES at +27 (0) 11 388 3223 or email to direct@equinox.co.za together with a recent statement of the investment(s) being transferred. The client must retain the original document.

Unit trust owner detail:

Title _____ Surname _____

First Names _____

ID Number _____ Date of birth _____ / _____ / _____
DD MM YYYY

Physical address _____

_____ Code _____

Telephone (Home) _____ Telephone (Work) _____

Telephone (Fax) _____ Telephone (Cell) _____

E-mail _____

Unit Trust Fund/CIS Name	Reference number	% or units to transfer

Instruction:

1. I hereby authorise Equinox to receive the above-mentioned unit trusts and furthermore do whatever is required to give effect to this instruction.
2. I understand that the unit trusts will only be reflected on my statement when the transfer has been completed.
3. I hereby confirm that the unit trusts that Equinox is to have transferred are not ceded or pledged or assigned in any way.
4. I acknowledge to have read, understand and agree to be bound by the Equinox standard terms and conditions as contained on the Equinox website.
5. I agree to pay Equinox the fees set out in the Fees Schedule of the Terms and Conditions, in return for the services rendered by it. I understand the fees may be amended subject to 3 months written notice. I hereby authorise Equinox to deduct any fees and amounts due to Equinox from my account.

Please note that Equinox does not have the authority to cancel your existing debit orders at the management companies you are transferring these units from. Please cancel existing debit orders with these companies yourself.

Signed at _____ on this _____ day of _____ year _____

Signature of unit trust owner: _____