

Once completed this form should be delivered to:

Instruction Forms can also be mailed to:

African Alliance Eswatini Management Company Limited  
1st Floor, Matsapha Link, Portion 3 of Plot 582 along College Road  
& Lihawu Street, Matsapha, Eswatini

African Alliance Eswatini Management Company Limited  
PO Box 5727, Mbabane H100, Eswatini  
Phone: +268 2518 5556

(Please confirm telephonically that the form has been received)

or e-mailed to [szclo@africanalliance.sz](mailto:szclo@africanalliance.sz)

Investor Details		
Client Name		
Investor Number		New Client <input type="checkbox"/>
Contact Telephone		

To be Completed by African Alliance		
Received	Date	Initials
Portfolio Number		
Details Verified		
Processed		
Paid - Cheque no		

**Switch Instruction**  
**Switch From**

Fund	Portfolio Number	Switch		Switch All Units <input checked="" type="checkbox"/>
		Units	Currency	
African Alliance Eswatini Ligcebesha Fund	_____ DP _____		SZL	
African Alliance Eswatini Managed Fund	_____ DP _____		SZL	
African Alliance Eswatini Portfolio Fund	_____ DP _____		SZL	
African Alliance Eswatini Offshore Fund	_____ DP _____		SZL	
African Alliance Eswatini Umnotfo Fund	_____ DP _____		SZL	
African Alliance Eswatini Sisekelo Fund	_____ DP _____		SZL	
African Alliance Eswatini Lilangeni Fund	_____ DP _____		SZL	

**Switch To**

Fund	Portfolio Number	Switch	
		Units	Currency
African Alliance Eswatini Ligcebesha Fund	_____ DP _____		SZL
African Alliance Eswatini Managed Fund	_____ DP _____		SZL
African Alliance Eswatini Portfolio Fund	_____ DP _____		SZL
African Alliance Eswatini Offshore Fund	_____ DP _____		SZL
African Alliance Eswatini Umnotfo Fund	_____ DP _____		SZL
African Alliance Eswatini Sisekelo Fund	_____ DP _____		SZL
African Alliance Eswatini Lilangeni Fund	_____ DP _____		SZL

**Indemnity**

I/We agree that any switch which you shall make in accordance or purporting to be in accordance with this instruction shall be binding upon us and shall be accepted by us as conclusive evidence that you were authorised to make such switch or comply with any demand given by us. I/We undertake to indemnify you against all losses, claims, actions, proceedings, demands, damages, costs and expenses incurred or sustained by you of whatever nature and howsoever arising, out of or in connection with you honouring and acting upon such, including faxed or emailed instructions.

**Authorised Signatories**

Signature 1		Name	
Signature 2		Name	
Signature 3		Name	
Signature 4		Name	
Assisted by (where legally necessary)		Name	
Date	DD / MM / YYYY		

I/we warrant that I/we have full authority and are legally competent to enter into and conclude this transaction with the necessary assistance where such assistance is legally required. I/we accept the provisions of the relevant Trust Deed.