

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

Investor Details		To be Completed by African Alliance	
Client Name		Received	Date
Investor Number	New Client <input type="checkbox"/>	Portfolio Number	Initials
Contact Telephone		Details Verified	
		Processed	
		Paid - Cheque no	

Transaction	
Investment	Deposit Slip Attached <input type="checkbox"/> Debit Order <input type="checkbox"/> Completed Cheque <input type="checkbox"/> Attached Copy of Fund Transfer <input type="checkbox"/>

Investment Instruction				
Fund	Portfolio Number	New <input checked="" type="checkbox"/> Portfolio	Lump Sum min. 10 000	Debit/Stop Order min. 500
African Alliance Eswatini Ligcebesha Fund	_____ DP _____		SZL	SZL
African Alliance Eswatini Managed Fund	_____ DP _____		SZL	SZL
African Alliance Eswatini Portfolio Fund	_____ DP _____		SZL	SZL
African Alliance Eswatini Offshore Fund	_____ DP _____		SZL	SZL
African Alliance Eswatini Lilangeni Fund	_____ DP _____		SZL	SZL
			Lump Sum min. 100 000	No Debit/Stop Order
African Alliance Eswatini Umnofu Fund	_____ DP _____		SZL	
Source of Funds		TOTAL	SZL	SZL
			<small>[This amount must match cheque/Deposit slip/copy of Fund Transfer]</small>	<small>[Please complete the Debit Order Form] Details below.</small>

Comments (To be completed by African Alliance)		Income Distribution - mark with X	
		Re-invest <input type="checkbox"/>	Pay into Bank Account <input type="checkbox"/>
<small>Note: All income distribution will automatically be re-invested unless stated otherwise. Income distributions less than SZL 100.00 will also automatically be re-invested. This section only to be completed if this is the first investment made or if there must be a change.</small>			

Indemnity

I/We agree that any investment 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 investment 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.

Investment Notes	
<p>All cheques to be made payable to: African Alliance Eswatini Management Company Limited Cash is not accepted at the offices of African Alliance Eswatini and should not be paid to staff, agents or brokers under any circumstances. Cash payments should be deposited directly into the bank account detailed on the right and copies of the deposit slip faxed or delivered to the offices of African Alliance along with this Instruction Form. Investments in units are subject to the terms of the relevant Trust Deed, which are available at African Alliance Offices. Investment Instructions (this form) received and confirmation of cleared Funds in the account by 11h00 each day will result in the allocation of the Investment in the relevant Fund to the value of the Funds received on the same day providing that it is a business day, otherwise this will be done on the following business day. Investments are made at the price ruling of units at the close of business on that day. We reserve the right to return deposited funds if supporting documentation (including proof of transfer and investment form) is not provided within 72 hours.</p>	<p>Bank details for African Alliance Eswatini: African Alliance Eswatini Management Company Nedbank Swazi Plaza, C/o Bypass, Mbabane Account Name - African Alliance Eswatini Management Company Current Account No - 020000016455 Branch Code - 36-01-64 Swift Code - NESWSZMX</p>

I/We confirm that all information provided herein is true and correct and that I have read and understood the contents of this application form.

Authorised Signatories			
Signature 1		Name	
Signature 2		Name	
Signature 3		Name	
Signature 4		Name	
Number of Required Signatories on this account		Date	/ /

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.