

# NOVARE UNIT TRUST ADDRESS DECLARATION FORM

Novare CIS (RF) (Pty) Ltd | Registration Number: 2013/191159/07 | SARS Registration Number: 9649/248/16/9

NOVARE<sup>®</sup>  
cis

- All sections must be completed in full
- Indicate all options by means of a cross [X]
- Initial any amendments made to the application form
- Ensure that all information provided is accurate and true
- No instruction will be processed unless all requirements have been met
- **The daily cut-off for receipt of instructions is 14h00.**

- Completed forms are to be faxed to us on **0860 668 273 (0860 novare)** or e-mailed to **transact@novare.com**
- Should you have any queries regarding this application, please contact Novare CIS (RF) (Pty) Ltd ("Novare") on **0800 668 273 (0800 novare)** or e-mail **clientservice@novare.com**

**Please note: This form is to be completed if you do not have a utility bill in your own name.**

## (A) INVESTOR DETAILS

Existing investor number (if applicable):	<input type="text"/>														
Title:	<input type="text"/>	Surname:	<input type="text"/>												
First name(s):	<input type="text"/>														
ID/Passport/Trust/Registration number:	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Gender:	<input type="text" value="M"/>	<input type="text" value="F"/>
Home Telephone:	( code )	<input type="text"/>											Work Telephone:	( code )	<input type="text"/>
Cell Number:	( code )	<input type="text"/>											Fax:	( code )	<input type="text"/>
E-mail address:	<input type="text"/>														

## (B) INVESTOR DECLARATION OF RESIDENTIAL ADDRESS

**I declare that I reside at the following address:**

Residential address:	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>											

Code:

**Reason for not being able to provide proof of address (such as a bank statement or utility bill less than 3 months old):**

<input type="text"/>
<input type="text"/>
<input type="text"/>
<input type="text"/>

<input type="text"/>
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Authorised signature

<input type="text" value="D"/>	<input type="text" value="D"/>	<input type="text" value="M"/>	<input type="text" value="M"/>	<input type="text" value="C"/>	<input type="text" value="C"/>	<input type="text" value="Y"/>	<input type="text" value="Y"/>
Date							

## (C) DECLARATION BY THE PERSON WHOM THE INVESTOR SHARES AN ADDRESS

Existing investor number (if applicable):

Title:  Surname:

First name(s):

ID/Passport/Trust/Registration number:              Gender:  M  F

Home Telephone: ( code )  Work Telephone: ( code )

Cell Number: ( code )  Fax: ( code )

E-mail address:

I am the owner of the property at the address mentioned in **Section B**  Y  N

I reside at the address mentioned in **Section B**  Y  N

I have been sharing this address with the investor for  years  months

My relationship to the investor (e.g. spouse, tenant):

**I declare that the information listed above is correct. I grant the investor consent to provide Novare with copies of the following supporting documents:**

- ☐ My ID document or valid passport bearing a clear photograph and ID/passport number
- ☐ Proof of residential address reflecting our street address in my name (e.g. utility bill or telephone account less than three months old)

Signature of person sharing with investor

 D  D  M  M  C  C  Y  Y

Date