

# Change of Financial Adviser: Client Nomination

## Collective Investments (Unit Trust): Botswana

### CLIENT DETAILS

ACCOUNT NUMBER	<input type="text"/>
NAME & SURNAME/ ENTITY NAME	<input type="text"/>
IDENTITY/PASSPORT/REGISTRATION NUMBER	<input type="text"/>

### NEW FINANCIAL ADVISER DETAILS

Please replace my Financial Adviser on record with the following Financial Adviser:

NAME OF FINANCIAL CONSULTANCY/ BROKERAGE	<input type="text"/>
NAME OF REPRESENTATIVE (FINANCIAL ADVISER)	<input type="text"/>
FINANCIAL ADVISER CODE	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>

### FINANCIAL ADVISER AUTHORISATION

I appoint the Financial Adviser as named herein. I understand and confirm that Vunani is entitled to act on my Financial Adviser's instructions, whether in written or electronic format, as if they were my own instruction. I hereby indemnify Vunani against all losses or damage, which I may sustain, as a result of transactions entered into on the basis of this delegation of authority by me to the Financial Adviser. Where I have terminated my Financial Adviser's appointment it is my responsibility to advise Vunani of such termination immediately. On receipt of such written notification, Vunani will cease payment of all charges, other than accrued charges, to the Financial Adviser. The Client agrees that Vunani will pay to such Financial Adviser the agreed charges as set out in this Application Form. Vunani may and will accept instructions on the strength of the Client's signature.

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<input type="text"/>	DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		SIGNED AT	<input type="text"/>								
SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<input type="text"/>										
SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<input type="text"/>										

### FINANCIAL ADVISER ACCEPTANCE OF APPOINTMENT

I confirm that I am mandated as set out above, to act on behalf of that brokerage as a representative. I confirm that I accept my appointment as intermediary to the Client.

SIGNATURE OF FINANCIAL ADVISER	<input type="text"/>	DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		SIGNED AT	<input type="text"/>								