## DATABANK MUTUAL FUND ACCOUNT OPENING FORM (\*6100# Only)

ACCOUNT NUMBER	<b>Totaba</b> Lead	unk dership
SECTION 1: PERSONAL DETAILS		
First name: Other name(s):	Surname:	
Marital status: Email:		
Postal address:		
Nationality:	Country of residence:	
Occupation: Name of employer/schoo	ol:	
Mother's maiden name:		
SECTION 2: RISK ASSESSMENT QUESTIONNAIRE		
1. When do you plan to withdraw a significant portion of your money?         Less than 1 year       1 to 2 years       3 to 5 years       More than 5 year         2. What is the level of your investment knowledge?         Limited       Moderate       Extensive         3. How much of a risk taker are you with investing?         Low       Medium       High	<ul> <li>4. How would you react if an investment you commit to for th or more years loses 10% of its value in the first year?</li> <li>Extremely concerned; sell my investment</li> <li>Concerned; consider selling my investment</li> <li>Concerned; not consider selling my investment</li> <li>Not overly concerned; I'm in it for the long term</li> </ul>	ree
SECTION 3: NEXT OF KIN / BENEFICIARY DETAILS		
Next of Kin		
Name Relationship to account holder Beneficiary Details	Mobile Email	
Name Relationship to account holder	Mobile/Email % Alloca	tion
Name Relationship to account holder	Mobile/Email % Alloca	tion
Name Relationship to account holder	Mobile/Email % Alloca	tion

Note: Percentage allocated to beneficiaries must add up to 100%. By law, the contents of a will and the authority of the Letter of Agreements (LA) always supersedes the beneficiaries listed as part of your mutual fund application, so it is important to ensure that your wishes regarding your investments are clearly stated in a will.

### **SECTION 4: SIGNATURE**

#### How to fill the Signature section:

- 1. Check to ensure you have opened this document with Adobe Reader or PDF Reader.
- 2. On the Toolbar (3rd bar from top or on the right), click on 'Fill &Sign'.
- 3. Select 'Place Signature'.
- 4. Choose how you would like to create or upload your signature.

5. Drag the signature into the Signature Box and ensure that it fits in the box and does not touch the lines.

Ensure that the signature here matches your original signature otherwise you may not be able to withdraw from your account.

# Date: \_\_\_\_\_ /\_\_\_\_



# Indemnity form for email, fax and telephone instructions

Account Holder's Nan	ne
Account Type (s)	
Account Number(s) _	

This is to state that transactions on my account would ordinarily be authorized by me in person or in writing with my original signature and ID. I however reserve the right to issue instructions for transactions on my account by fax, email or telephone call at the discretion of Databank Asset Management Services Limited.

I further wish to state that I am aware that fax, email and telephone authorizations are insecure and can be tampered with.

By my signing this form, I agree to indemnify or absolve Databank Asset Management Services Limited from any losses and all other liabilities that may result from this authorized transaction.

Ensure that the signature here matches your original
signature otherwise you may not be able to withdraw
from your account.

Date: \_\_\_\_

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