



OLD MUTUAL

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APPLICATION FORM FOR INDIVIDUAL CLIENTS

I hereby apply, subject to the relevant Trust Deeds for the number of units that can be purchased by the remittance(s)
 Do you already have an Old Mutual Unit Trust investment? Yes No
 Your Unit Trust Account Number

(A) Title First Name/s Surname
 ID number Date of Birth
 Male Female (Marital Status) Single Married Other

CONTACT DETAILS

Postal Residential
 Address Address

*** Please enclose certified copies of your Identity Documents and proof of residence.**

Contact Telephone numbers:-

Home Work Cell
 Fax E-mail:
 Employer Physical
 Current/Previous Address

 Tel. E-mail:

Is this a joint? Yes No (If yes, please record second persons details in (B) below)

(B) Title First Name/s Surname
 ID number Date of Birth
 Male Female (Marital Status) Single Married Other

NEXT OF KIN

Name Address
 Relationship
 Contact Phone Numbers.
 Home Work Cell Email

Please note that we will use these bank details to make all future deductions or to make payments to you. Any changes to be made in writing.

Bank/ B. Society Branch
 Account Number Branch Code
 Account Name
 Account Type: Current Savings Other?

***Please supply proof of account eg bank statement, cheque etc.**

EQUITY FUND:	<input type="checkbox"/>	\$	<input type="text"/>	LONG TERM INCOME:	<input type="checkbox"/>	\$	<input type="text"/>
BALANCED FUND:	<input type="checkbox"/>	\$	<input type="text"/>	MONEY MARKET:	<input type="checkbox"/>	\$	<input type="text"/>
SMALL CAP EQUITY:	<input type="checkbox"/>	\$	<input type="text"/>	GROSS FUND:	<input type="checkbox"/>	\$	<input type="text"/>
LARGE CAP EQUITY:	<input type="checkbox"/>	\$	<input type="text"/>	OTHER:	<input type="checkbox"/>	\$	<input type="text"/>

4. HOW WILL YOU MAKE YOUR INVESTMENTS?

By cheque payable to Old Mutual Unit Trusts by RTGS? or by debit order

Debit Order Amount \$

(For Debit Order) I /We authorise Old Mutual Trust Management Company (Pvt) Ltd to debit my / our account with the monthly or lump sum amount shown above. Debit orders will be on the first of the month and OMUT will not be liable for losses arising from non collection of debit orders.

Select 1st Month DD MM YYYY

5. INVESTMENT INCOME

Do you require fixed monthly transfers/ payments to your account? Yes No

If yes the amount to be transferred \$

Do you wish to have your distributions reinvested? Yes No (Distribution of less than the minimum set from time to time will be automatically reinvested)

6. THE SMALL PRINT

I/We , would like to invest in Old Mutual Unit Trusts. I / We are fully aware of the volatility of the stock markets and money markets and accept that our units may decrease or increase in value over the life of the investment and that the daily interest rates and unit prices quoted in the press are indicative. I / we agree not to hold Old Mutual Trust Management Company of Zimbabwe (Pvt) Ltd responsible for any loss in value of our investment.

I/we acknowledge that it may take up to 14 days to withdraw my/our money depending on the prevailing market conditions

Under normal circumstances, OMUT will ensure that all clients deposits and redemptions are processed within three (3) working days from the date of the deposit and redemption request respectively (hereinafter referred to as the processing period) All clients are to lodge their claims and/or damages against OMUT within the fourteen working days immediately after the processing period (hereinafter referred to as the claim period), as OMUT will not be liable for any claims, damages, interests, costs, expenses and any other liability of any description brought to their attention after the claim period.

I/We (your name in full) do hereby indemnify OMUT against claims, damages, interests, costs, expenses and liabilities of any description arising from my/our deposits or redemptions that I/We bring to OMUTs attention after the claim period.

DECLARATION

I/We agree to the number of units sold to me by virtue of this application and I/We warrant that I/We have full power and authority to enter into and conclude this transaction, with the necessary assistance where such assistance is legal requirement. I/We know that the cost of buying units includes an initial charge, a compulsory charge, an annual management fee and tax on certain components and that there are no guarantees on my/our capital. I/We have read and fully understood both sides of this application form.

Date DD MM YY

Signature of investor /s Signature of investor /s

Capacity Capacity

Are there any other authorised signatories? Yes No

If yes, please complete multiple signatories forms available on request.

NB* Please enclose/attach certified copies of your Identity Document/Passport as well as proof of residence

7. INTRODUCERS DETAILS (Office Only)

Name Code

Contact Telephone numbers:-

work cell email

*Thank you for doing business with us:
we look forward to a lifelong partnership with you.*