



Boutique Collective Investments (RF) (Pty) Ltd administers the BCI unit trust funds. It is authorised to do so as a Manager, in terms of the Collective Investment Schemes Control Act. In this document it will be referred to as "BCI".

Please complete this form when you aren't able to provide a utility bill in your own name and:

- + Your utility bill is in the name of your spouse
- + Your utility bill is in the name of your parents
- + Your utility bill is in the name of your partner or co-habitant
- + You share accomodation or stay on someone else's property and do not have a utility bill in your own name

This form should be returned to us with your application form. Fax: (011) 263 6152 | email: instructions@bci-transact.co.za

DECLARATION BY INVESTOR

Title and Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>				
ID or passport number / Registration number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Telephone (H)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	(W) <input type="text"/>
Fax	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Mobile <input type="text"/>
Email	<input type="text"/>				
Physical address	<input type="text"/>				
	<input type="text"/>				
	<input type="text"/>			Postal Code	<input type="text"/>

I declare that I live at the above address. I cannot provide an acceptable utility bill or bank statement in my name that reflects this address because:

Signature of investor(s)

Date / /

DECLARATION OF PERSON WITH WHOM THE INVESTOR SHARES AN ADDRESS

Title and Surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Full name	<input type="text"/>				
ID or passport number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
I own the property at the above-mentioned address	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
I reside at the above-mentioned address	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No	
Number of years that I have shared the address with the investor	<input type="text"/>				
My relationship to the investor (e.g. spouse, child or tenant)	<input type="text"/>				

I declare that the above information is correct.

Copies of the following to be submitted with the joint declaration:

- + a copy of bar-coded ID or valid passport (if foreign national), of person sharing address with investor.
- + a copy of utility bill (not older than three months), of person sharing address with investor.

Signature of person sharing address with investor

Date / /