

Change Request Form

Attention: Apex Fund and Corporate Services (Guernsey) Limited.

Please accept the following instruction to change:

Contact number change

Please change contact number

existing number _____ new number _____

E-mail address

Please change my e-mail address

existing e-mail _____ new e-mail _____

Distributor: Independent Financial Advisor (IFA) / Financial Services Provider (FSP)

Please transfer all of my holdings to my new Distributor

existing Distributor name _____

existing Distributor FAIS FSP License number _____

existing Distributor Representative / Advisor name _____

new Distributor name _____

new Distributor FAIS FSP License number _____

new Distributor Representative / Advisor name _____

* note that the new Distributor must have the relevant FAIS license and signed offshore Distribution Agreement in place

Postal address

Please change my postal address to

Residential address

Please change my residential address to

* note that change of residential address needs to be accompanied by certified supporting documents:

- Original certified proof of address, not older than 3 months, in the clients' name
- No mobile account statements are permitted, please provide a utility account, SARS first page document or bank card statement

- Certification wording:

Original certified documents **without** a photo requirement:

"I hereby certify this as a true copy of the original document, which I have seen".

The certifier must sign at the foot of the certification, it should include the certifiers name, his/her professional qualification, or other designation, ID number and professional body of which the certifier is a member (where applicable). The certification must contain a contact telephone number. The certification must be dated and not older than 3 months.

Name _____

Contact Number _____

Account Number _____

Date _____

Signature _____