

To enable Old Mutual Unit Trust Company Malawi Limited to process this data change form, please ensure that it is completed in FULL and that all required verification documentation is submitted together with this form. The applicant must initial all pages of the form and any alterations made to it. Please submit the correctly completed application form and supporting documents to any Old Mutual Branch or post it to: Old Mutual Unit Trust Company Malawi Limited, Old Mutual Building, 30 Glyn Jones Road, P O Box 393, Blantyre, Malawi.

Please complete using **BLACK** ink in **BLOCK** letters and tick (✓) where appropriate.

1. INVESTOR DETAILS

Current Registered Investor Details

Investor Number

Title:

First name(s) of investor/ authorised contact person:

Surname/ entity name

Physical address
(residential/ place of business):

Postal Address:

Telephone Number (Home)

Telephone Number (Work)

Cell Number

Fax Number

E-mail:

Occupation:

D/licence number: Passport No:

Date of birth: / /

Resident Non Resident

NEW INVESTOR DETAILS

Investor Number

Title

First name(s) of investor/ authorised contact person:

Surname/ entity name

Physical address
(residential/ place of business):

Postal Address:

Telephone Number (Home)

Telephone Number (Work)

Cell Number

Fax Number

E-mail:

Occupation:

D/licence number: Passport ID:

Date of birth: / /

Resident Non Resident

Marital Status: Single Married Divorced Widowed

2. BANKING DETAILS

CURRENT BANKING DETAILS

Name of Account holder:

Please note that the bank account specified must be in the name of the Investor

Bank Account number:

Branch: Branch code:

Type of account: Current Savings Other (Specify)

Kindly state in detail, in the box provided on page 4, why you wish to change your bank account:

A recent bank statement (not more than three months old) must accompany this application form as confirmation of proof of bank details. No payment will be made to third parties (i.e. payments will only be made to the bank account in the name of the registered investor).

NEW BANKING DETAILS

Name of Account holder:

Please note that the bank account specified must be in the name of the Investor

Bank

Account number:

Branch:

Branch code:

Type of account: Current Savings Other (Specify)

Kindly state in detail, in the box provided on page 4, why you wish to change your bank account:

A recent bank statement (not more than three months old) must accompany this application form as confirmation of proof of bank details. No payment will be made to third parties (i.e. payments will only be made to the bank account in the name of the registered investor).

Bank statement attached

3. AUTHORISED SIGNATORIES

CURRENT SIGNATORY DETAIL

Authorised Signatory Name

Capacity Signatory

Signature

NEW SIGNATORY DETAILS

Authorised Signatory Name

Capacity of New Signatory

Signature

Copy of identity document

ID Number

CURRENT SIGNATORY DETAIL

Authorised Signatory Name

Capacity Signatory

Signature

NEW SIGNATORY DETAILS

Authorised Signatory Name

Capacity of New Signatory

Signature

Copy of identity document

ID Number

CURRENT SIGNATORY DETAIL

Authorised Signatory Name [grid]

Capacity Signatory [grid]

Signature [box]

NEW SIGNATORY DETAILS

Authorised Signatory Name [grid]

Capacity of New Signatory [grid]

Signature [box]

Copy of identity document

[grid] ID Number

Please state in detail, in the box provided below, why you wish to change the areas indicated.

[Large empty box for explanation]

4. DECLARATION FROM INVESTOR

I/We understand and warrant that:

- The information contained in this application is true and correct. Old Mutual Unit Trust Company Malawi Limited shall have the right to make any enquiries from any source to verify the information disclosed in this data change form.
Where this data change form is signed in a representative capacity I/We have the necessary authority to sign.

Authorised Signature 1 [box]

Authorised Signature 2 [box]

Date: [DD] / [MM] / [CCYY]

Date: [DD] / [MM] / [CCYY]

Authorised Signature 3 [box]

Authorised Signature 4 [box]

Date: [DD] / [MM] / [CCYY]

Date: [DD] / [MM] / [CCYY]

Blantyre office:

Old Mutual Building, 30 Glyn Jones Road, Blantyre. Tel: +265 1 820 677, Fax +265 1 822 649 E-mail: unittrust@oldmutual.co.mw Website: www.oldmutual.co.mw

Lilongwe office:

Old Mutual Building, Robert Mugabe Crescent, City Centre, Lilongwe. Tel: +265 1 773 425, Fax +265 1 771 075 E-mail: unittrust@oldmutual.co.mw Website: www.oldmutual.co.mw

Mzuzu office:

Luth Archade Building, Orton Chirwa Avenue, O.P. Box 266, Mzuzu. Tel: +265 1 311 308, Fax +265 1 310 078 E-mail: unittrust@oldmutual.co.mw Website: www.oldmutual.co.mw

KYC DOCUMENTATION CHECKLIST

All Investors:

- Valid Identity document (Passport/Drivers Licence)
- Evidence of Physical Address (Utility Bill or relevant documents as per legal entity)
- Proof of Payment (EFT receipt, Deposit slip etc)
- Recent bank statement (Not more than 3 months old) Foreign Individual Investors:
- Valid Identity (Passport)
- Letter from their bank (Anti-money laundering assurance)

Third party Investors:

- Valid Identity document (For both investor and authorized person)
- Proof of residential address for both (Utility bill or relevant documents as per legal entity)
- Proof of authority to act (Power of attorney, mandate, resolution, court order)

Local Corporate Investors:

- Copy of Certificate of Incorporation and/or copy of founding documents
- Certificate of name change (if applicable)
- Copy of " The contents of Register of Directors, Auditors & Officers",
- Proof of company address
- Proof of authority to act on behalf of the organization
- Identity for the manager, all authorized representatives, individuals/institutions holding 10% or more of the voting rights

Foreign Companies

- Official document from foreign regulator witnessing incorporation, bearing the name, number and address
- Proof of address containing Malawi and foreign trade names and physical address
- Identity documents i.r.o the Malawi manager, all authorized representatives and all individuals holding 10% or more of voting rights at general meeting
- Proof of authority to act on behalf of the company
- Applicable documents i.r.o institutions holding 10% or more of the voting rights at general meeting.

Partnerships

- Partnership agreement or other such founding documents
- Valid identity documents of all partners/ representatives exercising executive control
- Proof of authority to act, i.e. resolution to act (if applicable)
- Applicable documents i.r.o institutions, partners or an institution exercising executive control holding 10% or more of voting rights at a general meeting

Trusts

- Trust deed or other founding documents
- Letter of authorization by the master
- Copy of identity documents of all Trustees, founding members & each beneficiaries mentioned by name & each natural person authorized to enter into transaction with us on behalf of the Trust.
- Resolution by the trustees authorising one person to act on behalf of the trust (if applicable)
- Residential addresses of all trustees, beneficiaries mentioned by name, founding member and each natural person who is authorized to enter into transaction us on behalf of the Trust
- Death certificate or certificate of deregistration where founder died or ceased to exist
- Institutional Beneficiaries, Trustee or Founder, and details of how beneficiaries are determined if not mentioned by name the following documents are needed: proof of address OR Official document from foreign regulator witnessing incorporation, bearing the name, number & address & Utility bill containing Malawi & foreign trade names & physical address (Foreign Company) OR Partnership agreement or other such founding document (Partnership) OR Trust deed or other founding document (Trust) OR Constitution or other such founding document in terms of which the entity was founded/ created (Other)
- (For Testamentary trusts– please obtain KYC documents: Last Will and Testament; Letters of authorization by the Master)

Death Claims

- Death certificate
- Letter of Administration/Will

FOR OFFICE USE

KYC Documents Received by: _____

Signature: _____ Date: _____

KYC Documents Checked by: _____

Signature: _____ Date: _____