



# UNIT TRUST SELLING FORM

To enable Old Mutual Unit Trust Company (Malawi) Limited to process this selling 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 selling 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.**

In terms of the conditions of the relevant Trust Deed/s, I hereby request Old Mutual Unit Trust Company Malawi Limited to purchase the units indicated below from me at the price applicable on the date that this form and the necessary supporting documentation (see page 2) are received before 9:30hr for both Interest Bearing Assets Fund and Balanced fund by the above addressee. I hereby cede, assign and transfer all my rights, title and interest in and to the said units to Old Mutual Unit Trust Company (Malawi) Limited.

## A. INDIVIDUAL INVESTORS AND PARTNERSHIPS INFORMATION

Investor Number:

Name of Applicant (Surname):   
(As appearing on supporting identification document)

First Names:  Maiden Name:

Nationality: Malawian:  Other:

Cell Phone Number:  Email:

Status: Residential Individual:  Non-Resident:  Foreign National:

*NB: Passport copy mandatory for non-resident individuals and foreign nationals*

## B. CORPORATE INVESTORS INFORMATION

Investor No:

Name of Entity:

Contact Name:

Cell Phone Number:  Email:

Reason for Withdraw:

## C. IDENTIFICATION DOCUMENTS

Proof of Identity: National ID  Passport:  Voter ID:  Driving Licence:  Other

ID Number:

Place of issue:  Validity / Expiry date of proof of identity submitted:

Reason for Withdraw:

## D. SELLING INSTRUCTIONS

Fund Name:  Fund Class:

Please sell: All units  Or  Units OR MWK  Or  % of my investment.

Amount in words: .....

(Please note that monthly debit orders remain un-cleared for 30 days and payments thereof will not be included with this transaction.)



**E. PAYMENT INSTRUCTIONS** (PAYMENT ONLY BY EFT TO A BANK ACCOUNT IN THE NAME OF THE UNIT HOLDER).

The proceeds will be credited to the bank account below within 72 hours

Name of Account Holder:

Bank:

Branch:

Account Number:  Branch Code:

Account Type: Current:  Savings:  Other(Specify):

**F. DECLARATION**

I warrant that I have read this form and I have full power and authority to enter into and conclude this transaction, with the necessary assistance where such assistance is a legal requirement. Please attach proof of identity and residential address to this form.

Authorised Signature 1	<input type="text"/>	Authorised Signature 2	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>
Authorised Signature 3	<input type="text"/>	Authorised Signature 4	<input type="text"/>
Date:	<input type="text"/>	Date:	<input type="text"/>

**G. SUPPORTING DOCUMENTATION** (IDENTIFICATION AND VERIFICATION)

Redemption requests will require proof of identity (e.g. National Identity/passport), and any other documents as may be required as per client type. For requests to be processed on the same day, all necessary requirements must be met by 9:30am for Interest Bearing Assets Fund and Balanced Fund. In event of death of the investor the following documents must be provided: (a) Death Certificate.(b) Letters of administration/Will.

**FOR OFFICE USE ONLY**

Received by: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_

Checked By: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_

Approved By: \_\_\_\_\_ Signature \_\_\_\_\_ Date \_\_\_\_/\_\_\_\_/\_\_\_\_ Time \_\_\_\_:\_\_\_\_

Remarks: \_\_\_\_\_

By signing off on this document, I confirm that the information captured on the form and in the system has been checked for accuracy and completeness

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