



NOTICE OF TRANSFER

HOW TO COMPLETE THIS APPLICATION FORM

1. Complete all sections from 1 to 6. Persons acting on behalf of the investor must complete section 8.
2. The transfer notice must be signed by the cedent and cessionary.
3. If the transferee is not an individual (e.g. a company or trust etc.), the necessary documents must accompany this form.
4. This form, along with the necessary supporting documentation for both parties (see page 3), can be submitted to Community Growth Management Company Ltd or faxed to 0860 103 183.

Subject to the conditions of the relevant Trust Deed/s, I hereby apply for the number of units that can be purchased by the remittance/s referred to below.

1. TRANSFER FROM (TRANSFEROR): INSERT FULL NAMES OF THE PRESENT UNITHOLDER/S IN BLOCK LETTERS

Surname and initials

Institution name (if applicable)

ID/Passport number Telephone no.

(Please enclose a copy of your identity document/passport. Transaction will not be processed without it.)

FUND NAME	UNIT TRUST NUMBER	TRANSFER DETAILS	
		No. of Units	or Rand Value
			R
			R
			R

I, the Transferor, hereby warrant that I have full power and authority to enter into and conclude this agreement.

Signed this day of (year)

Witness (SIGNATURE)

(SIGNATURE OF TRANSFEROR)

Address

PRINT NAME (CAPACITY, E.G. EXECUTOR/GUARDIAN/INSTITUTION/NOMINAL HOLDER)

NOTE: In the case of transfers from a minor child, the guardian hereby indemnifies Community Growth Management Company Ltd against any claim by the minor child as a result of the transfer of units.

2. TRANSFER TO (TRANSFEE):

I, the Transferee, hereby agrees to accept and take the said units subject to the provisions of the Trust Deeds.

Do you already have an existing Community Growth Fund investment? Yes No Unit Trust number

Full names Title

Institution name (if applicable)

Relationship to Transferor

Postal address Street address

Postcode

Tel. (Code) (Home) (Code) (Work)

Fax Cellphone

E-mail

Preferred method of communication: Postal E-mail

ID/Passport number Date of birth **(Please enclose a copy of your identity document/passport. Transaction will not be processed without it.)**

Income tax number Nationality

Type of assets (see page 3 for definitions): Retail Institutional (Please see notes on page 3.)



NOTICE OF TRANSFER (CONTINUED)

3. MONTHLY INVESTMENT PLANS

 Please or complete appropriate option/s.

a. Current Monthly Investment/s (select one option):

FUND NAME	A. REMAIN	B. CANCEL	C. Transfer TO Transferee*	ACCOUNT NUMBER

* Note: All future monthly deductions will be made from the Transferee's bank account (as detailed below).

b. Activate New Monthly Investment/s:

Please activate a new monthly investment, debiting the Transferee's bank account (as detailed) with a total of R

Debit order date (select one): Commencing month

FUND NAME	MONTHLY INVESTMENT AMOUNT

(Please allow at least 10 days' notice before the debit date to amend a debit order.)

4. TRANSFEREE'S BANK DETAILS

Please note that we will use these bank details to make all future deductions and payments to you. **Persons acting on behalf of the investor must complete section 8 of the form.**

Bank and Branch

Branch code and Account number

Account type: Current Transmission Savings

5. DISTRIBUTIONS

Please indicate whether future distributions must be:

reinvested in further units. **OR** paid out in cash.

6. DECLARATION

I, the Transferee, hereby warrant that I have full power and authority to enter into and conclude this agreement. I agree to accept the number of units transferred to me by virtue of this application and I warrant that I have full power and authority to enter into and conclude this transaction, with the necessary assistance where such assistance is a legal requirement. I am aware that this product offers no cooling-off rights. I know that there are no guarantees on my capital. I acknowledge that there are further allowable deductions from the fund (e.g. an annual service fee) that impact on the value of my investment. I am satisfied that the facts provided are accurate and complete. I am aware of the fund's/funds' objectives, risk factors, the charges and income distributions, as set out in the fund fact sheet/s. I acknowledge that the Management Company may borrow up to 10% of the portfolio to bridge insufficient liquidity. I have read and fully understood all pages of this form. I further authorise Community Growth Management Company Ltd to accept instructions from me via facsimile (please delete if not applicable).

Signed this day of (year)

Witness (SIGNATURE) (SIGNATURE OF TRANSFEREE)

Address (CAPACITY, E.G. EXECUTOR/GUARDIAN/INSTITUTION/NOMINAL HOLDER)

7. INTRODUCER (Note: No commission is payable on a transfer of units)

I, the undersigned, hereby declare and warrant that I am duly authorised to render financial services in respect of this product. All parties concerned have been identified and verified and all relevant documentation has been obtained and appropriate procedures have been applied in accordance with FICA (Act 38 of 2001).

Name of introducer Branch Intermediary/Broker code Tel. no.

Introducer's e-mail address Signature of introducer

