



MPILE RETAIL COLLECTIVE INVESTMENT SCHEME

SUBSCRIPTION/REDEMPTION FORM

By completing this form, you are applying to purchase units in Mpile fund or redeem units that you hold in Mpile fund.

Important information:

- All fields in this form are compulsory and must be filled out in full.
- The form must be completed and signed by the investor
- Please initial any amendments made on this document.
- Please send completed forms and supporting documents to Aflife offices or authorized Distribution agents
- If you have any queries, contact us on 0211 254841/253772/+260 977740265 or email mpile@aflife.co.zm

Title

(As on ID) Surname

Middle Name

First Name

National ID Type

Gender M F

ID Number

Residential Address

Postal Code

Contact No.

Transaction Type (Kindly Tick ✓ where applicable)

Redemption:

Subscription:

Account Number	Bank	Fund	✓	Number of Units	Currency	Amount
9130001865912	Stanbic Bank	Mpile Money Market Fund				
9130001291916	Stanbic Bank	Mpile High Yield Debt Fund				
9130001828979	Stanbic Bank	Mpile Local Equity Fund				
9130001261294 (USD)	Stanbic Bank	Mpile Offshore Equity Fund				
9130002779688	Stanbic Bank	Mpile Property Fund				
9130001695855	Stanbic Bank	Mpile Balanced Fund				

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Customer Bank Account Number

Bank

Branch

Town

Terms and conditions

- We accept that the instructions we receive are correct and signed by the authorised individual or signatories.
- We will only carry out transfer instructions that are complete and supported by accurately completed documents. Similarly, your instruction may be delayed if it has been issued incorrectly, is unclear, incomplete, or if the supporting documents have not been submitted. Any loss will be for your account.
- We will only carry out this instruction if any amendments are initialed on this form.
- All the fields in this form are compulsory and must be filled out in full. If you leave out any fields, it may result in a delay in processing.
- The onus is on the investor to keep us informed of any changes to banking details or current identification information (e.g. change of address, change of surname and contact particulars). If any of your personal information has changed, you will need to communicate this to the CIS Team.
- We or our authorized agents cannot be held liable for direct or indirect damages arising from any cause as a result of us acting on the instructions in this form. Similarly, the investor and beneficiary (or any other third party) will indemnify us, our directors, employees, representatives and agents against any claim that may result from us acting on the instruction in this form.

Members Signature _____ **Members Signature** _____

Date: _____ **Date:** _____

FOR OFFICIAL USE ONLY			
Customer Name	Customer Signature Verified ✓	Number of Units Awarded/Redeemed	Value
Verified by: Signature: Date:		Verified by: Signature: Date:	