



# MPILE UNIT TRUST FUND

Application form

**INSTRUCTIONS:**

- All sections must be completed in full using BLOCK LETTERS
- The daily cut-off time for receipt of instructions is 10h00 for money market instructions and 14h00 for non-money market instructions
- Indicate all options selected by means of cross (X)
- Initial any amendments made to the application form
- Ensure that all information provided is accurate
- Completed forms are to be faxed to us on +260211253112 or emailed to [mpile@alife.co.zm](mailto:mpile@alife.co.zm)
- Original forms to be delivered to African Life Financial Services Ltd, 1<sup>st</sup> Floor Mpile Office Park, 74, Independence Avenue, Lusaka.
- Should you have any queries regarding this application, please contact African Life Financial Services on +260211254517/+260977740265
- No instruction will be processed unless all requirements are met

**1 INVESTOR DETAILS**

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Name of Investor/ Institution (As on constitutional Documents) \_\_\_\_\_

\_\_\_\_\_

Registration No. \_\_\_\_\_

Type of Institution  Company  Trust  Other (Specify) \_\_\_\_\_

Registered Place of Business \_\_\_\_\_

\_\_\_\_\_

Resident  Non- Resident

Postal Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Code \_\_\_\_\_

Tax Status  Exempt  Non Exempt

TPIN No. (If Applicable) \_\_\_\_\_

VAT Registration No. (If Applicable) \_\_\_\_\_

Contact Details Tel: \_\_\_\_\_

Cell: \_\_\_\_\_

Fax: \_\_\_\_\_

Email Address \_\_\_\_\_

Website \_\_\_\_\_

**2. BANKING DETAILS**

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Bank Account	<input type="text" value="LOCAL BANK ACCOUNT"/>				
Payment Currency	_____				
Swift Code	_____				
Account number	_____				
Bank	_____				
Branch Name	_____				
Branch Code	_____				
Account Holder Name	_____				
Account Type	<table border="1"><tr><td>SAVINGS</td><td><input type="checkbox"/></td></tr><tr><td>CURRENT</td><td><input type="checkbox"/></td></tr></table>	SAVINGS	<input type="checkbox"/>	CURRENT	<input type="checkbox"/>
SAVINGS	<input type="checkbox"/>				
CURRENT	<input type="checkbox"/>				

**3. COMMUNICATION**

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Method of Communication	<table border="1"><tr><td>E-MAIL</td><td><input type="checkbox"/></td></tr><tr><td>POST</td><td><input type="checkbox"/></td></tr></table>	E-MAIL	<input type="checkbox"/>	POST	<input type="checkbox"/>
E-MAIL	<input type="checkbox"/>				
POST	<input type="checkbox"/>				

**4. INVESTMENT DETAILS**

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We hereby apply to invest in the Mpile Unit Trust Fund in Accordance with the provisions of the relevant Deed of the fund at the respective fund price(s) ruling on the date of receipt of the monies by Mpile Unit Trust Fund, subject to receipt of a duly completed Application form, proof of deposit and provision of all the relevant supporting documentation.

Mpile Unit Trust Fund	Lump Sum Investment (Enter Amount*)	Debit Order (Enter Amount*)
Mpile Money Market		
Mpile Local Equity Fund		
Mpile Offshore Equity Fund		
Mpile High Yield Debt Fund		
Mpile Balanced Fund		
Mpile Property Fund		
Mpile Gratuity Fund (ZMW)		
Mpile Gratuity Fund (USD)		

\* Mpile funds minimum Lump Sum investment : ZMW50, 000

## 5. FINANCIAL ADVISOR/INTERMEDIARY DETAILS

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We confirm that the financial advisor whose details are shown below is our appointed financial advisor/intermediary and we agree to payment of fees as stated below.

Surname \_\_\_\_\_

Name(s) \_\_\_\_\_

Entity Name \_\_\_\_\_

Registration Number \_\_\_\_\_

Broker Code \_\_\_\_\_

Financial Advisor  Broker

Initial Fees \_\_\_\_\_

Fund Name \_\_\_\_\_

### Initial Fees

Fund Name	Initial Financial Advisor/Intermediary
Mpile Balanced Fund	
Mpile Money Market Fund	
Mpile Local Equity Fund	
Mpile High Yield Debt Fund	
Mpile Offshore Equity Fund	
Mpile Property Fund	

*\*The maximum initial financial advisor/intermediary fee applies where lower fees are not negotiated and completed here*

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Financial Advisor/intermediary Confirmation signature

Tick Box if not Applicable

## 6. FUND INFORMATION

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Fees	Initial Fees (excl Vat)	Annual Management Fees (excl Vat)
Mpile Local Equity Fund	N/A	1.50%
Mpile Money Market Fund	N/A	1.50%
Mpile Balanced Fund	N/A	1.50%
Mpile Offshore Equity Fund	N/A	1.50%

Mpile High Yield Debt Fund	N/A	1.50%
Mpile Property Fund	N/A	1.50%

**Banking details of the funds**

For new and additional investments, please deposit/transfer funds into the following Stanbic Zambia limited Bank account – SWIFT code SBICZMLX			
CIS Fund Name	Bank Account Name	Bank Account Number	Branch Name/Code
Mpile Money Market Fund	Stanbic Bank Zambia	9130001255537 (ZMW)	Lusaka Branch/040002
Mpile Local Equity Fund	Stanbic Bank Zambia	9130001255413 (ZMW)	Lusaka Branch/040002
Mpile Balanced Fund	Stanbic Bank Zambia	9130001663716 (USD)	Lusaka Branch/040002
Mpile Offshore Equity fund	Stanbic Bank Zambia	9130001256045 (USD)	Lusaka Branch/040002
Mpile High Yield Debt Fund	Stanbic Bank Zambia	9130001255634(ZMW)	Lusaka Branch/040002
Mpile Property Fund	Stanbic Bank Zambia	9130001255715 (ZMW)	Lusaka Branch/040002
Mpile Gratuity Fund (ZMW)	Stanbic Bank Zambia	9130002665607 (ZMW)	Lusaka Branch/040002
Mpile Gratuity Fund (USD)	Stanbic Bank Zambia	9130002665992 (USD)	Lusaka Branch/040002

**7. DECLARATIONS BY INVESTOR**

We hereby apply for particular interest (units) in the selected portfolios and understand that this investment will be subjected to the governing schemes administered by Mpile.

In the event that the financial advisor/intermediary details selection has not been completed, we understand and confirm that any decision taken with regards to the investment is based on our own judgment. We declare that we are not relying on any communication from Mpile Unit Trust Fund whether written, oral or implied as investment advice or as a recommendation to enter into the investments. We understand that information and explanations relating to the terms of the investment shall not be considered investment advice or a recommendation to enter into the investment.

Mpile Unit Trust Fund will not be held liable for any loss incurred due to incorrect information or any misrepresentations by the investor or the appointed intermediary.

We understand that Mpile Unit Trust Fund will only be able to process investments upon receipt of the following:

1. Proof of deposit slip as illustrated in sample deposit slip.
2. Clearing of funds deposited.
3. All relevant documents listed in the KYC documents checklist.

We hereby agree to provide all KYC documentation and understand that Mpile Unit Trust Fund is prohibited from processing any transaction on our behalf until all such information has been provided. Any money received by Mpile Unit Trust Fund that is not accompanied by the necessary documents will be held until such time the documentation is received.

All the information contained herein is true and correct, in the event that this application form is signed by a representative duly nominated by the company/institution, the signatory (ies) below has the necessary authority to do so.

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Signature

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Capacity

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Name

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Date

**Additional authorized signature:**

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Signature

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Capacity

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Name

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Date

**Prior to transacting with Mpile Unit Trust Fund, in order to comply with its anti-money laundering policy and business processing requirements, the investor is required to supply to Mpile Unit Trust Fund with the documentation mentioned in section 10.**

**Please note: where originals cannot be provided, the copies must be certified as true copies of the original by authorized certifiers-such as a notary or commissioner for oaths.**

## 8. ADDITIONAL CONTRIBUTIONS

The following are the minimum contributions that will be processed on lump sum additional contributions

Type of Fund	Base of Currency of Fund	Amount
Mpile Equity Fund	ZMW	5,000
Mpile Money Market Fund	ZMW	5,000
Mpile Balance Fund	ZMW	5,000
Mpile Offshore Equity Fund	ZMW	5,000
Mpile High Yield Debit Fund	ZMW	5,000
Mpile Property Fund	ZMW	5,000

## 9. REDEMPTIONS

Redemption of the units below the minimum withdrawal amount will incur a flat fee (this fee is subject to change without notice)

Base Currency of Fund	Minimum withdrawal Amount	Flat Fee
ZMW	K5,000	3%

Levying of Withholding Taxes (WHT):

WHT will be deducted on distribution according to Income tax legislation. WHT will be applied according to the Status of the investor being either Resident, Non Resident or Exempt

Investors are advised to consult their tax advisors should they require information on the WHT legislation applicable to the Zambian Revenue Authority (ZRA)

## REDEMPTION AND DISTRIBUTION PAYMENTS

The following rules and fees apply to Redemption and distribution of payments to local and offshore domiciled bank accounts

Redemption and distribution payments to offshore domiciled bank accounts will incur an additional charges. This charge is levied as a recovery of the SWIFT bank fees incurred on payments to offshore to domiciled bank accounts. This charge will be subject to change without notice, and will be levied on each redemption and / or distribution payment

10. KYC Documents Required

- Certificate of Incorporation where applicable
- Certified copy of Share Capital where applicable
- Deed of Partnership where applicable
- Proof of registration with registrar of societies where applicable
- Certified copy of Articles of Association where applicable
- Certified copy of PACRA companies form 2, 5 & 7 where applicable
- Headed Letter/board resolution confirming list of authorized signatories
- Certified copies of ID's for authorized signatories
- Proof of residential address for authorized signatories
- Passport size photo's / images for authorized signatories or business owner
- Proof of operating address for the business
- Proof of VAT/TPIN registration
- Proof of bank details for the business
- Letter from bank confirming account (Clearly indicating bank details)
- Completed Annexure A

FOR OFFICIAL USE ONLY	
Customer Name	Customer KYC documents Verified ✓
<p>Verified by:</p> <p>Signature:</p> <p>Date:</p>	<p>Approved by:</p> <p>Signature:</p> <p>Date:</p>



**Annexure A**

Please complete a separate Annexure A for each authorized representative or signatory of the relevant entity in relation to this application.

**INVESTMENT DETAILS**

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Name of Investor/Institution \_\_\_\_\_

Designation of Authorized Representative

Beneficiary	<input type="checkbox"/>	Founder	<input type="checkbox"/>
Executive	<input type="checkbox"/>	Member	<input type="checkbox"/>
Manager	<input type="checkbox"/>	Trustee	<input type="checkbox"/>
Partner	<input type="checkbox"/>	Shareholder	<input type="checkbox"/>
Principal Officer	<input type="checkbox"/>		

Title \_\_\_\_\_

Name (s) \_\_\_\_\_

Date of Birth \_\_\_\_\_

Nationality \_\_\_\_\_

NRC/Passport No. (PP No. if foreign national) \_\_\_\_\_

Passport Expiry Date \_\_\_\_\_

Postal Address \_\_\_\_\_

\_\_\_\_\_

Physical Address \_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

Contact Details Tel. \_\_\_\_\_

Cell \_\_\_\_\_

Fax \_\_\_\_\_

E-mail \_\_\_\_\_

**SPECIMEN SIGNATURE (S)**

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Signing Mandate (Please tick applicable option):

Either One of the Signatories to sign upon Redemption / Transacting

Both Signatories to sign upon Redemption / Transacting

Authorised Signatory

Authorised Signatory

Specimen Signature

Print Name \_\_\_\_\_

Capacity \_\_\_\_\_

Specimen signature

Print Name \_\_\_\_\_

Capacity \_\_\_\_\_

Authorised Signatory

Authorised Signatory

Specimen Signature

Print Name \_\_\_\_\_

Capacity \_\_\_\_\_

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Capacity \_\_\_\_\_