

## BROKER DETAILS UPDATE FORM

Boutique Collective Investments (RF) (Pty) Ltd administers the BCI unit trusts. It is authorised to do so as a Manager, in terms of the Collective Investment Schemes Control Act. In this document it will be referred to as "BCI".

### IMPORTANT INFORMATION

- This form is to be used by existing brokers only.
- Please fax required documents in checklist below to our Client Service Centre - (0)86 502 5319 | email: [instructions@bci-transact.co.za](mailto:instructions@bci-transact.co.za).  
 - Proof of banking details if banking details changed

### SECTION 1: CURRENT BROKER DETAILS

Broker/House code	<input type="text"/>		
Title	<input type="text"/>		
Surname / Entity name (e.g company)	<input type="text"/>		
Name of Broker / authorised contact person	<input type="text"/>		
ID or passport number / Registration number	<input type="text"/>		
Income Tax Ref number	<input type="text"/>	VAT Number	<input type="text"/>
Financial Services Provider Name (FSP)	<input type="text"/>	FSP Licence Number	<input type="text"/>
Telephone numbers	Home <input type="text"/>	Work	<input type="text"/>
	Mobile <input type="text"/>		
Email address	<input type="text"/>		
Physical / Registered address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
Postal address (if different from above)	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>

### SECTION 2: UPDATE BROKER DETAILS

Information completed below will be updated on our system if different from that which we have on record.

Title	<input type="text"/>		
Surname / Entity Name (e.g company)	<input type="text"/>		
Name of Broker / authorised contact person	<input type="text"/>		
Income Tax Ref Number	<input type="text"/>	VAT Number	<input type="text"/>
Financial Services Provider Name (FSP)	<input type="text"/>	FSP Licence Number	<input type="text"/>
Please confirm which contact details you would like us to update:	<input type="checkbox"/> Home	<input type="checkbox"/> Work	<input type="checkbox"/> Mobile <input type="checkbox"/> Email
Telephone numbers	Home <input type="text"/>	Work	<input type="text"/>
	Mobile <input type="text"/>		
Email address	<input type="text"/>		
Please confirm which address you would like us to update:	Physical	<input type="checkbox"/> Postal	<input type="checkbox"/> Both
Physical / Registered address	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>
Postal address (if different from above)	<input type="text"/>		
	<input type="text"/>	Postal Code	<input type="text"/>

