

Once completed this form should be faxed/delivered to:

Change of Details Forms can also be mailed to:

African Alliance Eswatini Management Company Limited  
2nd Floor, Nedbank Centre, Corner Dr. Sishayi and Sozisa Roads  
Mbabane, Eswatini

African Alliance Eswatini Management Company Limited  
PO Box 5727, Mbabane H100, Eswatini  
Phone: +268 2406 6000  
Fax: +268 24048391  
or e-mailed to [szclo@africanalliance.sz](mailto:szclo@africanalliance.sz)

(Please confirm telephonically that the form has been received)

Note: Change of details will only be affected on receipt of this Change of Details Form together with the necessary Identification Documentation or Proof of Bank Account or Proof of Residence.

Faxed copies of this Change of Details Form and supporting documentation cannot be accepted by African Alliance.

Details to Change			
Contact Details <input type="checkbox"/>	Bank Account Details <input type="checkbox"/>	Address <input type="checkbox"/>	Signatories <input type="checkbox"/>

Personal/Company Details					
Account in the name of					
Nationality		Date of Birth		ID Number/Passport Number (Individual) Registration number (other legal entities)	

Investor Number	For Office Use Only			
1.	Captured by	Date	Authorised by	Date
2.				
3.				
4.				
5.				

Contact Details	
Postal Address	Physical Address
E-mail Address	

Telephone - Work	Telephone - Home	Fax	Mobile

Bank Account Details					
Account Holder	Bank	Account Number	Branch Code	Account Type	Branch Name

<b>African Alliance Employee:</b> I ..... hereby confirm that I have satisfied myself as to the identity of the client and that I attach all their relevant verified/certified documentation to this change of details form.	
Employee's Signature	Date

**AUTHORISED SIGNATORIES / TRUSTEES**

Please complete the following information for each change in signatory. (Please make extra copies where needed)

Please tick the correct category of individual for which additional information is herewith submitted.

- |   |  |  |
|---|--|--|
| <input type="checkbox"/> Managing member (CC) | <input type="checkbox"/> Additional member (CC)    | <input type="checkbox"/> Foreign signatory (Company or CC) |
| <input type="checkbox"/> Partner              | <input type="checkbox"/> Shareholder (Company)     | <input type="checkbox"/> Ultimate Beneficial Owner         |
| <input type="checkbox"/> Founder (Trust)      | <input type="checkbox"/> Trustee (Trust)           | <input type="checkbox"/> Named Beneficiary (Trust)         |
| <input type="checkbox"/> Director             | <input type="checkbox"/> Authorised representative | <input type="checkbox"/> Individual account holder         |

Title			Surname		
First Name(s)					<input type="checkbox"/> Male <input type="checkbox"/> Female
Date of Birth			Nationality		
Identity Number or Passport (if no ID)					
Income Tax Number					
Residential Address					
					Postal Code
Postal Address					
					Postal Code
Telephone (H)			Telephone (W)		
Email Address					

**Signature:** \_\_\_\_\_**JOINT SIGNATORY AUTHORITY**

Please indicate whether you require a joint signing authority by making an election below:

- ☐ We instruct African Alliance Eswatini Management Company Limited ("African Alliance") to only action instructions signed by all authorised signatories.
- ☐ We instruct African Alliance to action instructions signed by any of the authorised signatories and agree to terms (a) to (d) below.

African Alliance will action instructions signed by any of the authorised signatories if no election is made.

We jointly and severally authorise African Alliance to act upon instructions placed by any one signatory on behalf of the entity subject to terms (a) to (d) below:

- (a) We authorise African Alliance to act upon instructions given, signed or purportedly signed by any one of the authorised signatories.
- (b) We confirm that these authorisations shall apply to any further units purchased, transferred or otherwise held by the entity.
- (c) We agree that this authorisation shall remain in force until notice signed by all the authorised signatories in writing of its termination or replacement is received by African Alliance and any such notice shall be without prejudice to the completion of transactions already initiated by African Alliance pursuant to the above terms.
- (d) It is the policy of African Alliance to send monies to the same bank account from where it originated.

I/We confirm that all information provided herein is true and correct.

**Authorised Signatories**

Signature 1		Name	
Signature 2		Name	
Signature 3		Name	
Signature 4		Name	
Number of Required Signatories on this account		Date	DD / MM / YYYY

I / We warrant that I am / we are duly authorised to sign this Change of Details Form.

**Signature:** \_\_\_\_\_