

INSTRUCTION FORM FOR AFRICAN ALLIANCE Kenya UNIT TRUST FUNDS



Once completed this form should be faxed to:

Instruction Forms can also be mailed to:

African Alliance Kenya Management Company Limited

Fax: +254 20 2710 247

Phone: +254 20 2710 978/9

(Please confirm telephonically that the fax has been received)

African Alliance Kenya Management Company Limited

PO Box 27639

Nairobi, 00506

Kenya

Instruction Forms can also be delivered to the African Alliance offices at:

African Alliance Kenya Management Company Limited, Ground floor, Kenya Re Towers
Upper Hill, Off Ragati Road, Nairobi, Kenya

Where appropriate, please mark boxes with a ☒

Investor Details

Account Name			
Client Number		New Client	<input checked="" type="checkbox"/>
Contact Telephone			

To be completed by African Alliance

	Date	Initials
Received		
Portfolio Number		
Details Verified		
Processed		
Paid - Cheque no		

Transaction Type - mark with X

Investment - Please complete Section A	<input type="checkbox"/>	Deposit slip attached	<input type="checkbox"/>	Debit Order Completed	<input type="checkbox"/>
		Cheque attached	<input type="checkbox"/>	Copy of Funds Transfer	<input type="checkbox"/>
		Standing Order Copy attached	<input type="checkbox"/>		
Redemption - Please complete Section B	<input type="checkbox"/>				
Switch - Please complete Section C	<input type="checkbox"/>	Switch Units to different Fund			

Section A: Investment Instruction

Fund Name	Portfolio Number	New <input checked="" type="checkbox"/> Portfolio	Investment Amount	
			Lump Sum	Standing Order
African Alliance Kenya Managed Fund	KM _____ DP _____		KES _____	KES _____
African Alliance Kenya Fixed Income Fund	KM _____ DP _____		KES _____	KES _____
African Alliance Kenya Shilling Fund	KM _____ DP _____		KES _____	KES _____
	KM _____ DP _____		KES _____	KES _____
	KM _____ DP _____		KES _____	KES _____
Source of Funds		TOTAL	KES _____	KES _____
			(This amount must match Cheque/ Deposit slip/Copy of Fund Transfer)	(Please complete the Standing Order Form)

Comments (To be completed by African Alliance)

Income Distribution - mark with X

	Re-Invest	<input type="checkbox"/>	Pay into Bank Account	<input type="checkbox"/>
<p>Note: all income distributions will automatically be re-invested unless stated otherwise. Income distributions less than KES 1,000 will also automatically be re-invested. This section should only to be completed if this is the first investment made or if you require a change.</p>				

Investment Notes

All cheques to be made payable to: African Alliance Kenya Management Company Limited.

Cash is not accepted at the offices of African Alliance Kenya and should not be paid to staff, agents or brokers under any circumstances.

Cash payments should be deposited directly into the bank account detailed below and copies of the deposit slip faxed or delivered to the offices of African Alliance along with this Instruction Form.

Investments in units are subject to the terms of the relevant Trust Deed, which are available at African Alliance Offices. Investment Instructions (this form) received and confirmation of cleared Funds in the below account by 12h00 each day will result in the allocation of the Investment in the relevant Fund to the value of the Funds received on the same day providing that it is a business day, otherwise this will be done on the following business day. Investments are made at the price ruling of units at the close of business on that day.

Bank details for African Alliance Kenya:

African Alliance Kenya Management Company

Stanbic Bank of Kenya

Kenyatta Avenue, Nairobi

Account Name - AAKMC - Unit Trust Clearing Account

Current Account No - 0140022033701

Branch Code - 31000

Swift Code - SBICKENX

Section B: Redemption Instruction

Fund Name	Portfolio Number	Redemption		Redeem All Units <input checked="" type="checkbox"/>
		Units	Currency	
African Alliance Kenya Managed Fund	KM _____ DP _____		KES	
African Alliance Kenya Fixed Income Fund	KM _____ DP _____		KES	
African Alliance Kenya Shilling Fund	KM _____ DP _____		KES	
	KM _____ DP _____		KES	
	KM _____ DP _____		KES	

Close the Investment Account ☐

Note: Redemption Instructions received before 12h00 will receive value for the day the instruction is received.

Redemption payments will only be made to the Bank Account detailed on the Account Opening Form.
If the bank account details have changed a 'Change of Account Details Request' must be completed before the redemption can be made.
Under no circumstances will any payments be made to a third party account.

Payment instructions

I / we hereby warrant that I / we choose to have my / our redemption deposited directly into my / our bank account, as per Account Opening Form. I / we understand that this will enable payment to be made in a safer and quicker manner. I / we hereby warrant that these details are correct and that payment of this redemption into this account shall constitute a valid discharge of the legal obligations due to me / us in respect of units hereby redeemed and that the Management Company of the Fund specified above is hereby indemnified against any further claims in respect of these units.

Dispatch of Redemption Payments

Payments will normally be made within 7 days of the Redemption Instruction being received.
A clearance period of 30 days will be required where the Investments have been made by debit order before a redemption can be authorised.
A clearance period of 14 days will be required where the Investments have been made by cheque before a redemption can be authorised.

Section C: Switch Instruction**Switch From**

Fund Name	Portfolio Number	Switch		Switch All Units <input checked="" type="checkbox"/>
		Units	Currency	
African Alliance Kenya Managed Fund	KM _____ DP _____		KES	
African Alliance Kenya Fixed Income Fund	KM _____ DP _____		KES	
African Alliance Kenya Shilling Fund	KM _____ DP _____		KES	
	KM _____ DP _____		KES	
	KM _____ DP _____		KES	

Switch To

Fund Name	Portfolio Number	New Portfolio <input checked="" type="checkbox"/>	
African Alliance Kenya Managed Fund	KM _____ DP _____		
African Alliance Kenya Fixed Income Fund	KM _____ DP _____		
African Alliance Kenya Shilling Fund	KM _____ DP _____		
	KM _____ DP _____		
	KM _____ DP _____		

Authorised Signatories

Signature 1.		Name	
Signature 2.		Name	
Signature 3.		Name	
Signature 4.		Name	
Assisted by (where legally necessary)		Name	
Date	/ / 20		

I / we warrant that I / we have full authority and are legally competent to enter into and conclude this transaction with the necessary assistance where such assistance is legally required. I / we accept the provisions of the relevant Trust Deed.