Britam Asset Managers
Company (Uganda) Limited
Plot 24A Akii-Bua Road, Nakasero
P.O. Box 36583, Kampala, Uganda
+256 417 702 600
+256 312 305 600
clientservicesug@britam.com
www.britam.com

# Britam Asset Managers Company (Uganda) Limited

## INVESTMENT APPLICATION FORM

**Please print clearly in BLOCK letters and tick (✓) where appropriate.**

## 1. REGISTRATION TYPE & PRODUCT SELECTION

**Investor Type**

- ☐ Individual Person
- ☐ Company
- ☐ Trust
- ☐ Fund
- ☐ Joint
- ☐ Other (Please Specify): _____

**Fund Selection & Currency**

- ☐ Britam Fixed Income Money Market Fund (UGX)
- ☐ Britam Fixed Income Money Market Fund (USD)
- ☐ Britam Money Market Fund
- ☐ Britam Umbrella Fund

Initial Investment Amount / Capital Contribution: _____

**Monthly Interest Instruction:**

Reinvest Monthly Interest: ☐ Yes ☐ No

If No, interest should be credited to the bank account on file.

**Investment Tenor Selection**

Preferred Investment Tenor (UGX Fixed Income Money Market Fund Only):

- ☐ 3 Months
- ☐ 6 Months
- ☐ 12 Months

## 2. INVESTOR DETAILS

**Section A: Individual Persons (To be completed by Individual Applicants)**

- Title: Mr ☐ Mrs ☐ Ms ☐ Other: _____
- Surname: _____ First Name: _____ Middle Name: _____
- Date of Birth: _____ Gender: ☐ Male ☐ Female
- Nationality: _____ Country of Residence: _____
- ID/Passport Number: _____ TIN (Tax Identification Number): _____
- Marital Status: ☐ Single ☐ Married ☐ Divorced ☐ Other: _____

**Section B: Corporate / Entity Details (To be completed by Companies/Funds/Trusts)**

- Registered Name: Trade Name:
- Registration Number: Company TIN:
- Date of Incorporation: Country of Registration:
- Nature/Sector of Business:
- Other:

**Annual Turnover Guide (Entity Only):**

- ☐ Micro Enterprise **(UGX 0 – 10 million)**
- ☐ Small Enterprise **(UGX 10 million – 100 million)**
- ☐ Medium Enterprise **(UGX 100 million – 360 million)**
- ☐ Large Enterprise **(UGX 360 million – 1 billion)**
- ☐ Corporate Enterprise **(UGX 1 billion and above)**

**Section C: Minor Account Details (If Applicable)**

- Minor's Name: Date of Birth:
- Relationship to Minor:

(Note: Attach a copy of the minor's birth certificate and provide written mandate instructions).

## SECTION D: JOINT ACCOUNT HOLDER DETAILS

| Customer Details | Account Holder 1 | Account Holder 2 | Account Holder 3 | Account Holder 4 |
|---|---|---|---|---|
| Name | | | | |
| Mobile Number | | | | |
| Postal Address & Code | | | | |
| Town | | | | |
| TIN (Tax Identification Number) | | | | |
| Date of Birth | | | | |
| Nationality | | | | |
| Gender | | | | |
| National ID/ Passport Number | | | | |

## JOINT MEMBER SURVIVORSHIP CLAUSE

**Type of Partnership:**
You are required to specify the type of partnership arrangement for this contract.

1. Where the investment is owned jointly, no partner is entitled to any separate share in the investment, and the doctrine of survivorship shall apply consequently:

- On the death of a joint partner, their share of the investment shall vest in the surviving partner(s) jointly.

2. Where any investment is owned in common, each partner Account holder shall be entitled to an undivided share in the whole of the Account (in the proportions indicated in the table below, or in the absence of prescribed proportions, the Fund Manager will be entitled to make a presumption of equal proportions between the Account holders) . Upon the death of one Account Holder, their share shall devolve to their Estate and the other Account holders will be unable to access the deceased Account holder's proportionate share of the Account without instructions from the personal representatives of the estate and such relevant court orders.

Indicate the Type of joint partnership: ☐ (a) Joint Ownership ☐ (b) Tenant in Common (Split proportions)

| | Principal Applicant | Joint Applicant 2 | Joint Applicant 3 | Joint Applicant 4 |
|---|---|---|---|---|
| Percentage Ownership: | % | % | % | % |

## 3. CONTACT & ADDRESS DETAILS

**Contact Information**

- Postal Address: Postal Code:
- Residential / Physical Address: Town/City:
- Mobile Number: Telephone/Fax:
- Email Address:
- Preferred Method of Contact: ☐ Email (Free) ☐ Post (At a Fee)

**Emergency /Next of Kin Contact Details**

| Name | Mobile Number | Postal Address & Code | Town |
|---|---|---|---|
| | | | |
| | | | |
| | | | |

**Physical Address Verification (For clients without a valid utility bill)**

- Land Registration (L.R) Number: House / Building Number:
- Building / Estate: Road / Area:

## 4. OCCUPATION & SOURCE OF FUNDS

**Occupation Details (Individuals Only)**

- Status: ☐ Employed ☐ Self-Employed ☐ Unemployed ☐ Retired
- Present Occupation / Job Title:
- Employer's Name & Address:
- Industry Sector: ☐ Financial Services ☐ Hospitality ☐ Public Service/Government ☐ Education ☐ Arts/Legal ☐ Health ☐ Others:

**Source of Funds (Select all applicable)**

☐ Salary / Dividends / Interest
☐ Savings
☐ Business Profits
☐ Rental / Property Sale
☐ Pension / Inheritance / Gift
☐ Sale of Shares
☐ Loan
☐ Maturing Investments
☐ Lottery / Betting
☐ Other (Please Specify):

## 5. TAX STATUS & REGULATORY COMPLIANCE

**FATCA Declaration (US Indicia)**

- Are you (or any authorized signatory) a US Citizen or Resident?

Individual / Signatory 1: ☐ Yes ☐ No
Signatory 2: ☐ Yes ☐ No
Signatory 3: ☐ Yes ☐ No
Signatory 4: ☐ Yes ☐ No

(Note: If **"Yes"** to any, you must fill out the standalone US Indicia Form).

**Self-Certification (TIN Registration)**

- Are you registered for tax in Uganda? ☐ Yes ☐ No
- Are you registered for tax in any other country? ☐ Yes ☐ No

Country(ies) of Tax Residency  Tax Identification Number (TIN) Or Reason if Not Applicable

## 6. RISK ASSESSMENT QUESTIONNAIRE

For individual applicants, select based on age.
For corporate/entity applicants, select based on years of operation.
Score calculations:
(a) = 3 points, (b) = 2 points, (c) = 1 point. Add scores to determine the profile. Age / Operational Bracket:

* ☐ (a) 18–30 Years / 0–5 Years Operational
* ☐ (b) 31–45 Years / 6–10 Years Operational
* ☐ (c) Over 45 Years / Over 10 Years Operational

**2. Investment Time Horizon:**

- ☐ (a) Above 3 Years
- ☐ (b) 1–3 Years
- ☐ (c) 0–1 Years

**3. Previous Investment Experience (Tick all applicable):**

☐ Fixed Deposit ☐ Land/House ☐ Shares ☐ T-Bills/Bonds ☐ Unit Trusts

☐ Total experienced categories: ☐ (a) More than 3 ☐ (b) 1 to 3 ☐ (c) None

**4. Current Savings/Investment Holdings:**

Total currently held categories: ☐ (a) More than 3 ☐ (b) 1 to 3 ☐ (c) None

**5. Expected Income Change Over Next 1–3 Years:**

- ☐ (a) Increase
- ☐ (b) Stay about the same
- ☐ (c) Decline/stop

**6. Portion of Total Savings/Assets Represented by This Investment:**

- ☐ (a) Less than 10%
- ☐ (b) 10% to 50%
- ☐ (c) 51% and above

**7. Market Knowledge Understanding:**

- ☐ (a) Sound understanding
- ☐ (b) Basic understanding
- ☐ (c) Little or no knowledge

**8. Reaction to a 20% Market Value Drop in 3 Months:**

- ☐ (a) Buy more of the investment
- ☐ (b) Hold on to the investment
- ☐ (c) Sell some or all of the investment

**9. Primary Investment Attraction:**

- ☐ (a) Good returns regardless of risk
- ☐ (b) Combination of security and income
- ☐ (c) Purely security

**10. Immediate Access to Other Emergency Savings:**

- ☐ (a) Adequate funds to last > 1 year
- ☐ (b) Yes, but less than 6 months
- ☐ (c) No

**11. When Will You Need to Access Most of These Funds?**

- ☐ (a) Above 3 Years
- ☐ (b) 1–3 Years
- ☐ (c) 0–1 Years

**Risk Profile Summary Table**

| Total Score Range | Resulting Profile | Target Fund Fit |
|---|---|---|
| 0 – 19 | Conservative Investor: Seeks capital stability, preservation, and protection over high yields. | Money Market Fund / Fixed Income |
| 20 – 26 | Moderate Investor: Medium-term horizon. Wants diversified portfolio balance with some growth. | Umbrella Fund |
| 27 – 33 | Aggressive Investor: Long-term timeline. Accepts volatility and value swings for high yields. | Equity Fund |

- Client Manual Profile Override (If you disagree with the calculated score):

☐ Conservative ☐ Moderate ☐ Aggressive

## 7. MATURITY & TRANSACTION BANKING INSTRUCTIONS

Maturity Instructions (UGX Fixed Income Money Market Fund Only)

Please select what should happen to your funds upon final maturity:

- ☐ (a) Roll Over Full Amount Invested + Investment Income
- ☐ (b) Roll Over Amount Invested Only and Withdraw the Balance
- ☐ (c) Withdraw Full Amount Invested + Investment Income
- ☐ (d) Withdraw Amount Invested Only and Roll Over the Balance

If rolling over, select target tenor: ☐ 3 Months ☐ 6 Months ☐ 12 Months

Client Bank Account Details (For Redemptions / Payouts)

- Account Name:
- Account Number:

  Bank Name & Branch:
- Bank / Sorting Code:

## 8. BRITAM PAYMENT DETAILS

| STANDARD CHARTERED BANK OF UGANDA LIMITED | | | |
|---|---|---|---|
| **Fund (Account Name)** | **Account Number** | **Bank Name** | **Branch** |
| KCB in Trust For Britam Umbrella Fund Inflow | 0105086453906 | Standard Chartered Bank | Speke Road |
| KCB in Trust For Britam Money Market Fund Inflow Account | 0105086453900 | Standard Chartered Bank | Speke Road |
| KCB in trust for Britam Fixed Income Money Market Fund USD inflow | 8705086453900 | Standard Chartered Bank | Speke Road |

Kindly note that Standard Chartered Bank has collection services with Centenary Bank therefore you can make deposits in any Centenary Bank Branch in locations where Standard Chartered Bank branches are absent.

| Bank | Stanbic Bank Uganda Limited |
|---|---|
| Account Name | KCB ITF Britam Fixed Income Money Market Fund (UGX) Inflow Account |
| Bank Branch | Corporate Branch |
| Account Number | 9030014213197 |

## Mobile Money Payment Options

**MTN Mobile Money Top-Up:**

- Dial ***165#**
- Choose 4 **(Payments)**
- Choose 4 **(Goods & Services)**
- Enter **Merchant Code**: **BRITUM** (If you're under: Umbrella fund)
- BRITMO (If you're under: **Money Market fund**)
- Payment reference should be **Investment Number + Name** (BU0000000000 - JOHN DOE)
- Enter Amount **(add 460/= for service fees)**

**Airtel Money Top-Up Option:**

- Dial ***185#**
- Choose 9 **(Airtel Money Pay)**
- Enter **Merchant Code: 4394206**(Umbrella Fund)
- Enter Amount: **20,000/=**
- Payment reference should be **Investment Number + Name** (BU0000000000 - JOHN DOE)
- Verify **Company Name & Enter Pin**

**Please indicate the investment number for all top ups and share the details with clientservicesug@britam.com**

## 9. AUTHORIZED SIGNATORIES & MANDATE OPERATIONAL RULES

- Operational Mandate Signing Rule:

☐ Sole Signatory
☐ Either / Or (Any 2 to Sign)
☐ Any 3 to Sign
☐ All 4 to Sign

**Signatory Matrix**

| Representative Name | Designation / Title | Passport / ID Number | Specimen Signature Sample | Date | Mobile Number | Email Address |
|---|---|---|---|---|---|---|
| 1. | | | | | | |
| 2. | | | | | | |
| 3. | | | | | | |
| 4. | | | | | | |

## 10. CLIENT ACKNOWLEDGMENTS & SIGN-OFF

(a). Units are traded at the daily yields, which may go up or down.

(b). Units in the Fund may normally be purchased on any Business Day by completing this application form and returning it to the Fund Manager, together with proof of payment for the relevant subscription amount and any such relevant Know Your Customer (KYC) documents as requested in the application form. A Business Day means a day which is neither (i) a Saturday or Sunday, nor (ii) a public holiday in Uganda.

(c). Completed application forms and notification of deposits or cleared funds must be received for the investment to be executed. Subscription monies received in cleared funds will be dealt with on the next Dealing Day.

(d). Units in the Fund may be redeemed during normal business hours on any Business Day by application in writing by the Unit Holder. A withdrawal form is available from the Manager on request and may be submitted in electronic format or through a digital platform designated by the Manager. The proceeds will be sent to Unit Holders by the close of business on the fourth Business Day after the date of receipt of the written instructions or document of renunciation.

(e). Past performance is not a guide to future performance and may not be repeated. There is no guarantee that the investment objectives of the Fund will be attained. The value of the units may fall as well as rise, and Clients may not realize their initial investment.

(f). The Fund Manager may accept Client instructions received through electronic communication from Clients who have consented to the Email Indemnity provided in this Application or have executed and delivered an Email Indemnity in the form prescribed by the Fund Manager. The Client acknowledges that the Fund Manager reserves the right, at its sole discretion, to require the Client to provide hard-copy written instructions in specific instances.

(g). The Client and/or their financial advisor shall at all times be responsible for ensuring that the unit trust and its representatives receive any instructions from the Client and/or financial advisor, whether by facsimile or email, and that such instructions are complete and correct in all respects.

(h). Clients are reminded that, in certain specified circumstances, their right to redeem their units may be suspended.

(i). No third-party checks are allowed. Payments from third parties made on your behalf may be accepted on an exceptional basis and solely at the discretion of Britam.

(j). Once an account has been opened, a statement of investment will be sent by post or email to the Client on a monthly basis.

(k). All transaction charges on purchasing securities shall be borne by the Fund and not the Fund Manager.

- **Privacy Policy Consent:**
  ☐ I/We confirm that I/we have read, understood, and consent to Britam's Privacy Policy (available at **https://ug.britam.com/privacy-policy**).
  ☐ I/We authorize Britam to process personal data confidentially for registration, compliance, and marketing purposes.

- **Terms and Conditions:**
  ☐ I/We confirm that I/we have read, understood, and consent to the General Terms and Conditions **(lock-in period fees and the 25% early withdrawal charges apply only to the Fixed Income UGX Fund)** and hereby make this declaration.

**Signature Block**

| Client/Authorized Signatory Name | Signature | Email (For electronic instruction consent) | Date |
|---|---|---|---|
| 1. | | | |
| 2. | | | |
| 3. | | | |
| 4. | | | |

## 11. FOR OFFICIAL USE ONLY (DOCUMENT CHECKLIST)

- **Individual and Joint Applicants::**

☐ Official Identification Document or Passport
☐ Passport-size photograph
☐ Copy of TIN Certificate (if available)

- **Corporate Applicants:**

☐ Official Identification Document or Passport for all signatories
☐ Passport-size photographs for all signatories
☐ Certificate of Incorporation, Partnership Deed, Constitution, or Founding Document
☐ Certified list of Directors/Shareholders
☐ Resolution/Letter authorizing the investment and confirming signing mandate and authorized signatories

- **General Items:**

- Proof of Banking Details, which may include:
  - ☐ Copy of ATM card (showing full account name, account number, and bank name)
  - ☐ Original cancelled cheque leaf
  - ☐ Certified bank letter
  - ☐ Bank statement (not more than 3 months old)

☐ Copy of Investment Deposit
☐ Income Tax Exemption Certificate (where applicable)

## ADVISOR / INTERMEDIARY DETAILS

- Is this Direct Business? ☐ Yes ☐ No
- Advisor Name: _____ Advisor Code: _____
- Mobile Number: _____ Signature/Date: _____

## COMPLIANCE & INTERNAL APPROVALS

- Compliance Checks Verified: ☐ KYC ☐ Sanctions Screening ☐ PEP Verified ☐ FATCA Clear
- Customer AML Risk Category: ☐ High ☐ Medium ☐ Low
- Branch Administrator Name: _____ Signature/D _____
- Compliance Sign-off Name: _____ Signature/Date: