

BOOM CLUB

BCIF
FORM

SUITE 819, 8TH FLOOR NO 94 HELEN JOSEPH

INVESTMENT APPLICATION

CONTACT NO: 073 4929 725

DATE									
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FORM NO

INSTRUCTIONS: PLEASE TYPE ALL INFORMATION IN BLACK INK

PERSONAL DETAILS	
TITLE	
SURNAME	
FIRST NAME	
DATE OF BIRTH <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	IDENTITY MEANS ID <input type="checkbox"/> PASSPORT <input type="checkbox"/> ASY <input type="checkbox"/>
IDENTITY NO	
GENDER	FEMALE <input type="checkbox"/> MALE <input type="checkbox"/>
CONTACT NUMBER	
RESIDENTIAL ADDRESS	

TRANSACTION DETAILS	
PROGRAMME NAME	
INVESTMENT TYPE	<input type="checkbox"/> INVESTMENT <input type="checkbox"/> REINVESTMENT FORM
AMOUNT	CURRENCY Rands <input type="checkbox"/>
AMOUNT IN WORDS	
MODE OF PAYMENT	<input type="checkbox"/> CASH DEPOSIT <input type="checkbox"/> CASH TRANSFER

BANKING DETAILS	
NAME OF THE BANK	
ACCOUNT TYPE	
ACCOUNT NAME	
BRANCH CODE	

PLEASE NOTE

- WE DO NOT ACCEPT CASH IN HAND WITHIN THIS PREMISES, ANY CLIENT WHO DO SO DOES THAT AT HIS/HER OWN RISK IN THE CASE OF THEFT, FIRE OR BREAK-IN.
- USE BOOMC FORM NO AS REFERENCE.
- PLEASE COLLECT YOUR PAYMENT SLIP AFTER PAYMENT.
- PLEASE PROVIDE DEPOSIT SLIP AFTER MAKING PAYMENT.

DECLARATION

WE HEREBY DECLARE THAT INFORMATION DISCLOSED IS CORRECT, COMPLETE AND TRULY STATED. WE HEREBY DECLARE THAT I/WE AM/ARE AUTHORISED TO MAKE THIS INVESTMENT AND THAT THE AMOUNT INVESTED IS THE FUND/S IS THROUGH LEGIMATE SOURCES ONLY. I/WE AM /FULLY AWARE THOSE ONLY UPON SUBMISSION OF COMPLETE INFORMATION AND DOCUMENTARY REQUIREMENTS WILL THE TRANSACTION BE PROCESSED. I/WE HAVE UNDERSTOOD AND HAVE READ SOLELY UPON THE GENERAL TERMS AND CODITIONS AND THE FUNDS PROSPECTUS.

SIGNATURE OF INVESTOR

SIGNATURE OF SECRETARY

OFFICIAL USE
NAME OF OFFICIAL _____
DATE OF PAYMENT _____
DOCUMENT STATUS _____
DATE OF COMMENCEMENT _____
DESCRIPTION _____