

Submit the completed form and supporting documents to:

E-mail invest@gryphon.com

Fax +27 86 206 2635

If you have any questions, contact us at:

E-mail invest@gryphon.com

Tel +27 21 915 5100

1. Investor Details

Investor Number: _____

Surname / Trust / Company: _____

First Names / Contact Name: _____ Title: _____

ID / Passport Number/Registration Number: _____

2. Investment Details

Subject to the provisions of the Trust Deed, I/we hereby apply for as many units as can be purchased with my/our payment at the ruling price.

Please deposit investment amount into the Gryphon Investment Account.

Gryphon Investment Account details will be provided on request.

Banking details of the Gryphon account will be provided on request. This arrangement has been introduced for security reasons.

Please send proof of deposit with the application form to: invest@gryphon.com

Gryphon Fund	Class	Lump Sum Deposit	Monthly Debit Order	Income Distribution	
				Reinvest	Payout
Gryphon Money Market Fund Debit Order Minimum R200 p.m.					
Gryphon Dividend Income Fund Debit Order Minimum R2000 p.m.					
Gryphon Prudential Fund Debit Order Minimum R200 p.m.					
Gryphon Flexible Fund Debit Order Minimum R200 p.m.					
Gryphon All Share Tracker Fund Debit Order Minimum R200 p.m.					
Gryphon Global Equity Fund Debit Order Minimum R200 p.m.					

Initial: _____

3. Source of Funds for this Investment (compulsory)

Source of Funds Salary Inheritance Savings Bonus

Company Profits Sales of Shares Investment Corporate Dividends

Other (please specify): _____

Gryphon reserves the right to request documentary proof of source e.g. income statement, bank statement.

4. Debit Order Instructions

- We do not draw funds from Credit Cards, Money Market or Bond Accounts.
- Please allow 7 business days' notice to process once-off and recurring Debit Orders.
- Monthly Debit Orders will automatically be cancelled if funds are returned from the bank after 3 consecutive occasions.
- Debit Orders are subject to a 40-day clearance period.

Investment Options:

Please deduct the total investment amount, as indicated in section 2, as follows:

Once-off Debit Order: _____ (dd/mm/ccyy)

Monthly Debit Order: on the 2nd day of each month starting _____ (mm/ccyy)

Annual Increase _____ % OR Amount _____

Annual Increase Date _____ (dd/mm/ccyy)

5. Investor Bank Details

Name of Account Holder: _____

Name of Bank: _____ Account Number: _____

Name of Branch: _____ Branch Code: _____

Type of Account: Current Savings

6. Financial Advisor

6.1 Financial Advisor

Brokerage Name: _____ Brokerage Code: _____

Full Name(s) and Surname: _____ Broker Code: _____

Identity Number: _____ Telephone Number: _____

(Country and area codes) e.g. +27 21 555 5555

E-mail: _____ FSP Number: _____

Commission Instruction:

I/we wish to appoint the broker/financial advisor whose details appear above as the preferred intermediary.

Ongoing Financial Advice Fee:

If no fee is indicated on the form, no financial advisor fee will be paid.

A schedule of fees, charges and maximum commissions is available on request from GCI.

*Ongoing Financial Advice Fee: _____ % per annum. ***Please note: The fee earned on investments into the Dividend Income Fund rebate classes (i.e. A and C classes) must be stipulated above.**

Signature of Investor: _____

6.2 Declaration by Financial Advisor

Financial Advisor:

FSP License

I declare that I am a licensed Financial Services Provider or a representative of a Financial Service Provider. I am authorised to sell unit trusts.

FSP License Number: _____

FICA Declaration

I confirm that I have identified the investor of this application, as well as the person acting on their behalf. I have verified their identity in line with the requirements of the Financial Intelligence Centre Act, 38 of 2001 and Financial Intelligence Centre Amendment Act, 2017, and any legislation, regulations or guidelines related to it (see *Annexure A*).

I will keep a record of the verification documents as required in terms of FICA. I will make available, on request, copies of these documents as well as details of the verification procedures followed.

Signature of Financial Advisor

7. Investor Declaration

For full disclosure document and details of fees and fees classes, please refer to our website: www.gryphon.com

GCI wishes to inform you that all information regarding your personal and financial matters is treated as strictly confidential.

I certify that all information, including information regarding my country of citizenship and my country of tax residence, is correct.

I also warrant that I have full power and authority and that I am legally competent to enter into this transaction, with the necessary assistance, where such assistance is a legal requirement, and I agree by my signature, that I have read and understood the information provided in this application form, including that under the "Disclosures" section and that all information provided by me is true and correct in all respects.

Investor Signature: _____ Date Signed: _____ (dd/mm/ccyy)

*Authorised Signatory: _____ Date Signed: _____ (dd/mm/ccyy)

*Authorised signatory/(ies) acting on behalf of the investor.