



## **INSTRUCTIONS FOR THE APPLICATION FORM**

### **To invest in Unit Trust of Fiji, please note the following important information:**

1. Complete the application form attached to this prospectus;
  2. Print clearly using capital letters;
  3. Send or lodge your properly completed application, accompanied by the full payment to:
    4. The General Manager, Unit Trust of Fiji (Management) Ltd., GPO Box 14451, Suva;
    5. Initial applications must be for a minimum of 100 units (subject to change);
    6. Unit prices, which are published in the local newspapers, change every two weeks. The Manager will apply the current unit price published in the newspapers at the date of receipt of your completed application form(s);
    7. Full payment of units is required with each application;
  8. Payments can be made by cheque, cash or money order for which a receipt will be given. Cheques should be made payable to: "The Unit Trust of Fiji (Mgmt) Ltd" and crossed "Not Negotiable";
  9. Applications can be lodged and paid at any Fiji Development Bank or ANZ Bank branch or at offices of Kontiki Stock Brokers, Fiji Stockbrokers and Mr Rick Croker of Fortune Consultants.
  10. The Fiji Development Bank (FDB) and Post Fiji are not licensed unit trust representatives but are distribution outlets for Unit Trust of Fiji prospectuses. FDB and Post Fiji do not provide financial advice on investing in unit trusts, but receive application forms on our behalf and receipt cash for the purchase of units. Your cash receipt will state the number of units purchased and price of the units at that day as published in the local newspapers. Your unit certificate can be posted to you or you may collect it from the Managers office. It may take two weeks before you receive your certificate;
  11. Applications must be signed personally. Applications by investors under the age of 21 should be signed by the applicants' authorized attorney or by the applicants' trustee;
  12. If the application is signed under a power of attorney, the relevant document is to be submitted for noting by the Manager;
  13. In the case of joint-holders, each must sign the application. Only the address of the first named applicant should be entered and will be recorded. All correspondence will be sent to that address;
  14. Applications by companies must be signed under seal; and
  15. If relevant, please include your tax exemption number and a copy of the exemption certificate for noting.
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## APPLICATION FORM FOR PURCHASE OF UNITS

Attach  
Passport  
size photo  
here

Attach  
Passport  
size photo  
here

Individual Investor

Joint Investor

Company/  
Trust/  
Partnership/

*[ Please tick where appropriate ]*

**Applicant[s] Details**

Name <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
[ First Name ]	[ Last Name ]
Fathers Name <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
[ First Name ]	[ Last Name ]
Name <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
[ First Name ]	[ Last Name ]
Fathers Name <input style="width: 90%;" type="text"/>	<input style="width: 90%;" type="text"/>
[ First Name ]	[ Last Name ]
Race <input style="width: 90%;" type="text"/>	Nationality <input style="width: 90%;" type="text"/>
Date of Birth <input style="width: 90%;" type="text"/>	Occupation <input style="width: 90%;" type="text"/>
FNPF No. <input style="width: 90%;" type="text"/>	Postal Address <input style="width: 90%;" type="text"/>
Residential Address <input style="width: 90%;" type="text"/>	Telephone Number <input style="width: 90%;" type="text"/>
Fax number <input style="width: 90%;" type="text"/>	Email <input style="width: 90%;" type="text"/>
Number of Units Applied for <input style="width: 90%;" type="text"/>	Value of Units Applied for [\$] <input style="width: 90%;" type="text"/>

Do you want your dividend income to be automatically reinvested? Yes/No

Mail/Bank Account <input style="width: 90%;" type="text"/>	Application Money in full enclosed \$ <input style="width: 90%;" type="text"/>
Tax No. <input style="width: 90%;" type="text"/>	Tax exemption number [ if any ] <input style="width: 90%;" type="text"/>
Source of Funds <input style="width: 90%;" type="text"/>	Annual Income <input style="width: 90%;" type="text"/>

( this information is optional but can help the Trust develop innovative products for you)

DECLARATION AND SIGNATURES: I/We hereby apply to purchase the above - mentioned units, I/We am/are over 18yrs of age, and that I/We am/are resident in Fiji under the income Tax Act of Fiji and am/are not acquiring the above mentioned units as the nominees outside Fiji. I/We declare that I/We have seen and agree with the Declaration that are attached at the back of this Application Form

Signature[s] <input style="width: 90%;" type="text"/>	For Company/Trust/Partnership affix Company/Trust/Partnership Seal
Name <input style="width: 90%;" type="text"/>	Name <input style="width: 90%;" type="text"/>
Signature <input style="width: 90%;" type="text"/>	Signature <input style="width: 90%;" type="text"/>
Name <input style="width: 90%;" type="text"/>	Name <input style="width: 90%;" type="text"/>
Signature <input style="width: 90%;" type="text"/>	Signature <input style="width: 90%;" type="text"/>
Date <input style="width: 90%;" type="text"/>	Date <input style="width: 90%;" type="text"/>

[ Please see instructions on page 22 regarding the completion and lodgement of this application.]

REFERRAL [s]      FDB       Post Fiji       Representative / Agent

OTHERS [please state]

The completed application form should be send to : The Unit Trust of Fiji ( Management ) Limited, GPO Box 14451, Suva, Fiji

# Declaration, Conditions and Acknowledgements

By completing the application form, you agree to be bound by all the provisions in the full prospectus including the following:

## All investors:

- Agree to be bound by the provisions of this prospectus and the applicable Trust Deed (as amended from time to time)
- Consent to the Manager providing your adviser and their agent(s) with personal investment details
- Consent to the Manager changing your distribution option to reinvest where:
  - A cheque issued to you has gone stale
  - A cheque issued to you has been returned unclaimed
  - A payment made to your nominated bank account has failed; AND reasonable efforts have been undertaken to contact you.
- Consent to telephone conversations being recorded and listened to for training purposes or to provide security for transactions
- Agree to meet any bank fees and other like charges incurred as a result of a withdrawal by way of telegraphic transfer, bank cheque or other special payment method (including direct debits)
- Agree to pay a dishonoured fee applicable for any cheque subsequently dishonoured after the funds are invested. The transaction will be cancelled.
- Acknowledge that:
  - o Unit Trust of Fiji (Management) Limited is the responsible entity and Manager of the unit trust.
- The holding of units in the unit trust is subject to investment and other risks. This could involve delays in repayment and loss of income or principal invested.
- If your minimum balance falls below 100 units the Manager can, at its discretion, redeem the balance of your investment and pay the proceeds to you.
- The Manager has the right to reject any applications received.

## I/We declare that:

- All details provided in this Application Form are true and correct
- I/We have read the prospectus to which this application applies and agree to be bound by the provisions of the Trust Deed (as amended from time to time) governing the unit trust
- I/We have legal power to invest in accordance with this application
- The details of my/our investments in Unit Trust of Fiji can be provided to the Unit Trust of Fiji agent licensed by the Capital Markets Authority of Fiji.
- In the case of joint applications, the joint applicants agree that the units will be held as joint tenants. Each investor must sign an instruction to the manager to operate the account including additional applications and withdrawals.
- If this Application Form is signed under Power of Attorney, the Attorney declares that he/she has not received notice of revocation of that power. (A certified copy of the Power of Attorney should be submitted with this application for our records).

