



Children's Investment Starter Plan (CISP)

PLEASE COMPLETE IN CAPITAL LETTERS

SURNAME _____

MIDDLE NAME _____

FIRST NAME _____

ADDRESS _____

ID# _____ DATE OF BIRTH _____ [DD/MM/YY]

DRIVER'S PERMIT# _____ TELEPHONE#: H() _____ W() _____ M() _____

PASSPORT # _____ BIR # _____ MALE FEMALE

CHILD #1 **INVID#:** _____

RELATION: _____

SURNAME _____ MIDDLE NAME _____

FIRST NAME _____ DATE OF BIRTH _____ [DD/MM/YY]

ID# _____ I wish to invest \$ _____ MALE FEMALE

ADDRESS _____

CHILD #2 **INVID#:** _____

RELATION: _____

SURNAME _____ MIDDLE NAME _____

FIRST NAME _____ DATE OF BIRTH _____ [DD/MM/YY]

ID# _____ I wish to invest \$ _____ MALE FEMALE

ADDRESS _____

CHILD #3 **INVID#:** _____

RELATION: _____

SURNAME _____ MIDDLE NAME _____

FIRST NAME _____ DATE OF BIRTH _____ [DD/MM/YY]

ID# _____ I wish to invest \$ _____ MALE FEMALE

ADDRESS _____

CHILD #4 **INVID#:** _____

RELATION: _____

SURNAME _____ MIDDLE NAME _____

FIRST NAME _____ DATE OF BIRTH _____ [DD/MM/YY]

ID# _____ I wish to invest \$ _____ MALE FEMALE

ADDRESS _____

TOTAL INVESTED \$ _____

Everything that I have stated in this application is correct to the best of my knowledge and I have read and agree to the features of the Fund.

CIF ID:	
SIGNATURE:	
PRINT NAME:	

For non-residents the following procedures apply:

1. Notarised copy of two (2) forms of I.D.s must be given

2. Notarised copy of application form must be given

*Please note a separate account will be created for each child.

OFFICIAL USE ONLY	AGENT'S STAMP
DATA ENTERED BY: _____	