

## Mandate Form | Institutions

Please complete this form using block letters and tick where appropriate.

	Tick (✓)
Local	
Foreign	

Official Use Only
Client Code
Date Received

Company Name:

Contact Person Name:

Postal Address for Brokers Notes/Scrip:

Company Registration:

Year of Registration:

Telephone Numbers:

Facsimile Numbers:

Email Address:

Email Address:

**Indicate the company's normal source of funding:**

### Bank Details

Bank Name:

Branch:

Bank Account Number:

### Settlement

Settlement will be seven days from deal date.  
 No third party payments are allowed.

### REGISTRATION INSTRUCTIONS (TICK ONE)

	Tick (✓)
Registration of scrip done by Old Mutual Securities	
Registration done by client	

### SCRIP HANDLING

Post to company address above:

Collect:

Other:

**DETAILS OF DIRECTORS (PLEASE PROVIDE COPIES OF IDS & PROOF OF RESIDENCE)**

Name	Residential Address	I.D. Number

**DIVIDEND INSTRUCTIONS**

Post to:

Deposit to:

Deliver to:

To whom should completed trades be reported:

**DEALING INSTRUCTIONS**

Name	Dollar value limits on deals if applicable	Contact Number
1.)	\$	
2.)	\$	
3.)	\$	
4.)	\$	

	Tick (✓)
Are dealers allowed to deal in their own names as well as the company name	
Can we disclose details of deals done in a dealers own name of the institution	

**SPECIMEN SIGNATURES**

Name	Designation	Signature

Non Member Institute Status:

Do You have any investment Accounts with Old Mutual?  Yes  No

If yes specify:

Authorised By Executive Board of Directors

Signature:

Designation:

