

## Unit Trusts Investor update details



### Transact Online

You can transact on our Secure Services Portal where you can:

- manage your portfolio online and securely
- View your portfolio
- Conduct transactions
- Request statements
- Update your personal details

To register, please go to: <https://cp.sanlam.co.za>



**Completing the information correctly** will ensure that there is no delay in processing the request.

- Initial any changes made
- The form must be **dated and signed** by the registered investor or authorised signatories with valid authorisation from the investor (Individual: Power of Attorney or Court Order (appointing Curator, Guardian or Executor) - if not a parent of a minor child. Entity: Resolution or Minutes of Meeting)
- Do not write instructions outside the allocated fields



### Please submit the following verification documents:

- **Surname change:** Copy of Identity Card (both sides) or valid Passport / Marriage Certificate / Divorce Decree
- FIA Identification Form (if not previously submitted)
- **Bank account change:** Bank statement or Confirmation letter from the bank (not older than 3 months)
- In the case of a debit order, if the new bank account holder is a third party, the following is required;
  - Individuals:** A copy of the third party's Identity Card or valid Passport, Bank statement or Confirmation letter from the bank (not older than 3 months) and FIA Identification Form
  - Non-individuals:** A Resolution or Minutes of Meeting from the legal entity stating the list of authorised signatories, proof of banking details (Bank statement or Confirmation letter from the bank (not older than 3 months), an ID or valid Passport copy and a FIA Identification Form for each authorised signatory. See annexure B for details for documentation requirements.



### Print only the pages you need.

- We have made the forms shorter to save you time and paper.
- Make sure that you choose the specific form for the changes you need and print only the required pages.



### Our contact details

#### Send the completed form and supporting documents to:

E-mail [UTinstructions@sanlaminvestmentsnamibia.com](mailto:UTinstructions@sanlaminvestmentsnamibia.com) | Fax 061 294 7524

#### If you have any questions, contact us at

E-mail [collective@sanlamallianz.com.na](mailto:collective@sanlamallianz.com.na) | Tel 061 294 7417

Website [www.sanlam.com.na](http://www.sanlam.com.na)

## Investor details

*(always send back with the relevant forms)*

### Investor details

(All fields marked with \* are compulsory)

\*Investor code(s) \_\_\_\_\_

\*Title Mr  Mrs  Miss  Other (specify) \_\_\_\_\_

\*Full name(s) and surname(s) \_\_\_\_\_

\*Registered name of Legal Entity \_\_\_\_\_

\*Identity number of Individual \_\_\_\_\_

\*Registration number of Legal Entity \_\_\_\_\_

\*Passport number \_\_\_\_\_ Passport expiry date \_\_\_\_\_

Passport country of issue \_\_\_\_\_

### Which details would you like to change?

Please select the details you wish to change. Complete and submit only the corresponding sections you have selected together with this form.

- Change of personal details - **Form A**
- Update bank details - **Form B**
- Update debit order instructions - **Form C**
- Recurring instructions - **Form D**  
Income distribution preference; Monthly withdrawal; Monthly switch
- Intermediary appointment / removal and Fee change - **Form E**
- Tax Residency self - certification - Individual - **Form F**
- Tax Residency self - certification - Legal Entity - **Form G**

**Please note:**

If you change any of your personal details to reflect as non-Namibian, you are required to complete the relevant tax residency self-certification form

### Investor (individual / Legal Entity) declaration

I / We confirm that I / we:

- have read and understood the important notes, terms and conditions on the first page.
- have the authority and am / are legally competent to enter into and conclude this transaction, with the necessary legal assistance when it is required.
- Am / are aware that the legal guardian must sign the instruction on behalf of a minor (if applicable).

Signature of Investor _____	Date _____	(ddmmccyy)
Authorised signatory 1 _____	Date _____	(ddmmccyy)
Authorised signatory 2 _____	Date _____	(ddmmccyy)
Authorised signatory 3 _____	Date _____	(ddmmccyy)

Initial \_\_\_\_\_

## Form A - Change of personal details

### Personal details of individual

(All fields marked with \* are compulsory)

\*Title Mr  Mrs  Miss  Other (specify) \_\_\_\_\_

\*Full name(s) and surname(s) \_\_\_\_\_

\*Identity number \_\_\_\_\_ \*Nationality \_\_\_\_\_

\*Date of birth \_\_\_\_\_ (ddmmccyy) \*Country of birth \_\_\_\_\_

Passport number \_\_\_\_\_ Passport expiry date \_\_\_\_\_ (ddmmccyy)

Passport country of issue \_\_\_\_\_

\*Postal address \_\_\_\_\_ Postal Code \_\_\_\_\_

\*Residential address in Namibia (nr, street name, city/town, country) \_\_\_\_\_

\*Residential address in foreign country (if not Namibian) \_\_\_\_\_

\_\_\_\_\_ Postal Code \_\_\_\_\_

Telephone (h) \_\_\_\_\_ ( ) ( )  
Specify country and area codes, e.g. +264 61 555 5555

Telephone (w) \_\_\_\_\_ ( ) ( )  
+264 61 555 5555

Cell \_\_\_\_\_ ( ) ( )  
Specify country and area codes, e.g. +264 81 555 5555

Fax \_\_\_\_\_ ( ) ( )  
+264 61 555 5555

- Occupation  Minor/Scholar  Retired  Salaried employee  
 Self-employed  Student  Unemployed

### Industry Type

- |  |   |  |
|--|---|--|
| <input type="checkbox"/> Accounting Services                             | <input type="checkbox"/> Administrative and Support Services  | <input type="checkbox"/> Adult Entertainment                           |
| <input type="checkbox"/> Aerospace & Defense                             | <input type="checkbox"/> Agriculture, Forestry and Fishing  | <input type="checkbox"/> Arms Dealers                                  |
| <input type="checkbox"/> Arts, Entertainment and Recreation              | <input type="checkbox"/> Automobiles & Parts  | <input type="checkbox"/> Banks   |
| <input type="checkbox"/> Beverages                                       | <input type="checkbox"/> Broadcasting and Entertainment   | <input type="checkbox"/> Cannabis/CBD Industry                         |
| <input type="checkbox"/> Cash Aggregators                                | <input type="checkbox"/> Chemical Engineering/ Manufacturing  | <input type="checkbox"/> Community and Social Activities               |
| <input type="checkbox"/> Construction and Civil Engineering              | <input type="checkbox"/> Consumer Goods: Wholesale and Retail   | <input type="checkbox"/> Domestic Services/Gardening Services          |
| <input type="checkbox"/> Education                                       | <input type="checkbox"/> Electricity, Solar, Water, Gas and Waste Services  | <input type="checkbox"/> Electronic & Electrical Equipment             |
| <input type="checkbox"/> Entrepreneurship                                | <input type="checkbox"/> Equity Investment Instruments  | <input type="checkbox"/> Estate, Living and Family Trusts              |
| <input type="checkbox"/> Extractive Services, Mining and Quarrying       | <input type="checkbox"/> Financial and Insurance  | <input type="checkbox"/> Food Producers                                |
| <input type="checkbox"/> Gambling  | <input type="checkbox"/> Government Services  | <input type="checkbox"/> Healthcare and Medical                        |
| <input type="checkbox"/> High Transaction Volume Import/Export Companies | <input type="checkbox"/> High Value Goods Dealers (Including Motor Vehicle Dealers, Art Dealers, Luxury Goods/Services Etc) | <input type="checkbox"/> Household Goods & Home Construction Materials |

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Industrial Engineering                             | <input type="checkbox"/> Industrial Metals                                | <input type="checkbox"/> Informal Trading                         |
| <input type="checkbox"/> Information Technology, Communication and Telecoms | <input type="checkbox"/> Legal Practitioner                               | <input type="checkbox"/> Manufacturing                            |
| <input type="checkbox"/> Media  | <input type="checkbox"/> Money Transfer/Service Business                  | <input type="checkbox"/> Motor Wholesale, Retail Trade and Repair |
| <input type="checkbox"/> Non-Equity Investment Instruments                  | <input type="checkbox"/> Non-Profit Organisation/Regulated Charity        | <input type="checkbox"/> Non-Government Organisation (NGO)        |
| <input type="checkbox"/> Oil & Gas Producers/Suppliers                      | <input type="checkbox"/> Pawn Brokers/Second Hand Dealers                 | <input type="checkbox"/> Pharmaceutical & Biotechnology           |
| <input type="checkbox"/> Precious Metals and Stone Dealers                  | <input type="checkbox"/> Professional Sport                               | <input type="checkbox"/> Public Finance Management Art Schedule   |
| <input type="checkbox"/> Real Estate and Property Services                  | <input type="checkbox"/> Reinsurance                                      | <input type="checkbox"/> Scrap Metal Industry                     |
| <input type="checkbox"/> Shell Banking                                      | <input type="checkbox"/> State Owned Enterprises                          | <input type="checkbox"/> Tobacco                                  |
| <input type="checkbox"/> Transport, Storage, Courier and Freight            | <input type="checkbox"/> Travel, Tourism, Accommodation and Food Services | <input type="checkbox"/> Virtual Currencies                       |

Employer \_\_\_\_\_

## Source of Income

### Non-Individual Investor

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> Business Operating Income                | <input type="checkbox"/> Commission        | <input type="checkbox"/> Company profits      |
| <input type="checkbox"/> Company sale/sale of interest in company | <input type="checkbox"/> Cryptocurrency    | <input type="checkbox"/> Debt capital         |
| <input type="checkbox"/> Dividends from investments               | <input type="checkbox"/> Equity capital    | <input type="checkbox"/> Employee benefits    |
| <input type="checkbox"/> Gift/Donation                            | <input type="checkbox"/> Inheritance       | <input type="checkbox"/> Maturing Investments |
| <input type="checkbox"/> Member Contributions                     | <input type="checkbox"/> Pension           | <input type="checkbox"/> Provident fund       |
| <input type="checkbox"/> Rental of Property                       | <input type="checkbox"/> Retained Earnings | <input type="checkbox"/> Retirement funds     |
| <input type="checkbox"/> Sale asset/property                      | <input type="checkbox"/> Sale of Shares    | <input type="checkbox"/> Sanlam payout        |
| <input type="checkbox"/> Savings                                  | <input type="checkbox"/> Settlement        | <input type="checkbox"/> Tax Rebate           |
| <input type="checkbox"/> Transfer to/from approved funds          | <input type="checkbox"/> Trust income      |   |

### Individual Investor

- |   |   |   |
|---|---|---|
| <input type="checkbox"/> Allowance                                | <input type="checkbox"/> Bonus                          | <input type="checkbox"/> Bursary                        |
| <input type="checkbox"/> Business Operating Income                | <input type="checkbox"/> Commission                     | <input type="checkbox"/> Company profits                |
| <input type="checkbox"/> Company sale/sale of interest in company | <input type="checkbox"/> Debt capital                   | <input type="checkbox"/> Disability/Social grant        |
| <input type="checkbox"/> Dividends from investments               | <input type="checkbox"/> Divorce Settlement             | <input type="checkbox"/> Equity capital                 |
| <input type="checkbox"/> Gambling winnings                        | <input type="checkbox"/> Gift/Donation                  | <input type="checkbox"/> Gratuity                       |
| <input type="checkbox"/> Income from previous employment          | <input type="checkbox"/> Inheritance                    | <input type="checkbox"/> Loan                           |
| <input type="checkbox"/> Lobola                                   | <input type="checkbox"/> Lottery winnings               | <input type="checkbox"/> Maintenance (formal agreement) |
| <input type="checkbox"/> Maintenance (informal agreement)         | <input type="checkbox"/> Maturing investments           | <input type="checkbox"/> Pension                        |
| <input type="checkbox"/> Provident fund                           | <input type="checkbox"/> Rental of property             | <input type="checkbox"/> Retirement funds               |
| <input type="checkbox"/> Salary                                   | <input type="checkbox"/> Sale asset/property            | <input type="checkbox"/> Sale of Shares                 |
| <input type="checkbox"/> Sanlam payout                            | <input type="checkbox"/> Savings                        | <input type="checkbox"/> Settlement                     |
| <input type="checkbox"/> Tax Rebate                               | <input type="checkbox"/> Transfer to/from approved fund | <input type="checkbox"/> Trust Income                   |
| <input type="checkbox"/> Virtual Currency                         |   |   |

Additional sources of income \_\_\_\_\_

Net amount of monthly income (N\$) \_\_\_\_\_

Business activities (if any) \_\_\_\_\_ Location of business activities (if any) \_\_\_\_\_

E-mail address \_\_\_\_\_

Send my statements / correspondence to me by Email  Post

**Personal details of Legal Entity**

(All fields marked with \* are compulsory)

\*Registered name of Legal Entity \_\_\_\_\_

\*Trading name of Legal Entity \_\_\_\_\_

\*Country of incorporation \_\_\_\_\_

\*Country of operation \_\_\_\_\_

\*Registered address \_\_\_\_\_

\*Operating address \_\_\_\_\_

\*Postal address \_\_\_\_\_

\*Telephone (w) \_\_\_\_\_ ( ) ( ) \_\_\_\_\_ \*Cell \_\_\_\_\_ ( ) ( ) \_\_\_\_\_  
Specify country and area codes, e.g. +264 61 55555 Specify country and area codes, e.g. +264 61 55555

## Form B - Update bank details

### New bank details

(All fields are compulsory)

Name of account holder \_\_\_\_\_

Name of bank \_\_\_\_\_ Account number \_\_\_\_\_

Name of branch \_\_\_\_\_ 6-digit branch code \_\_\_\_\_

Type of account      Current       Savings

**Please note:**

- Third party payments not allowed

### Use new bank details for the following

Debit order       Disinvestment       Monthly withdrawal       Income distribution

Signature of bank account holder \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory 1 \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory 2 \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory 3 \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

## Form C - Update debit order instructions

### Please select your instruction

**Cancel my debit order**

I would like to cancel my debit order

End date \_\_\_\_\_ (ddmmccyy)

**Cancel my annual increase**

I would like to cancel my annual increase

**Change my existing debit order**

I would like to change my existing debit order

Start date \_\_\_\_\_ (ddmmccyy)

**Please note:**

- Fund minimums apply when changing a debit order
- The Minimum disclosure document is available on [www.sanlam.com.na](http://www.sanlam.com.na)

How would you like to invest your money?

Unit trust fund(s)	New amount(N\$)

### \*Source of funds for the debit order (compulsory)

Please advise where the funds for the debit order originate.

Salary   
  Inheritance   
  Savings  
 Bonus   
  Other (please specify): \_\_\_\_\_

How would you like your debit order to work?

Deduct the new amount(s) on \_\_\_\_\_ (dd). This date should be between the 1st and 28th of the month \_\_\_\_\_ (mmccyy)

Annual increase    Yes     No     Annual increase start date \_\_\_\_\_ (mmccyy)

% of annual increase \_\_\_\_\_ %

### Permission to debit bank account

(All fields marked with \* are compulsory)

\*Name of account holder \_\_\_\_\_  
 \*Name of bank \_\_\_\_\_ \*Account number \_\_\_\_\_  
 \*Name of branch \_\_\_\_\_ \*6-digit branch code \_\_\_\_\_  
 \*Type of account    Current  Savings

I instruct and authorise Sanlam Allianz or its agents to draw direct debits from my bank account as per my instruction

Signature of bank account holder \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory 1 \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory 2 \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory 3 \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

## Form D - Recurring instructions

### Form D - Section 1 - Income distribution preference

(All fields marked with \* are compulsory)

#### Indicate your Income distribution per Fund

Unit trust fund(s)	Income distribution (Indicate with an X)	
	Reinvest	Payout

- Income payments will only be paid out on cleared units.
- Third party payments are not allowed
- If you select 'pay out' above, please complete your bank details below. The funds will be paid into the bank account specified

#### Bank account details

\*Name of account holder \_\_\_\_\_

\*Name of bank \_\_\_\_\_ \*Account number \_\_\_\_\_

\*Name of branch \_\_\_\_\_ \*6-digit branch code \_\_\_\_\_

\*Type of account    Current     Savings

Signature of bank account holder \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory 1 \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory 2 \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory 3 \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

## Form D - Section 2 - Monthly withdrawal

(All fields marked with \* are compulsory)

### Please select your choice

**Cancel my existing withdrawal**

Effective date \_\_\_\_\_ (ddmmccyy)

**Change date of withdrawal**

New date \_\_\_\_\_ (ddmmccyy)

**Please note:**

The money will take an additional 1-2 days to reflect in the bank account. If a selected day falls on a non- business day, the transaction will take place on the first business day thereafter.

**Start or change monthly withdrawal**

New date \_\_\_\_\_ (ddmmccyy)

Unit trusts fund(s)	Class	New amount(N\$)

### Bank details

\*Name of account holder \_\_\_\_\_

\*Name of bank \_\_\_\_\_

\*Account number \_\_\_\_\_

\*Name of branch \_\_\_\_\_

\*6-digit branch code \_\_\_\_\_

\*Type of account    Current     Savings

Signature of Investor \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory 1 \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory2 \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory 3 \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

## Form D - Section 3 - Monthly switch

(All fields marked with \* are compulsory)

### Please select your choice

**Change date of switch**

New date \_\_\_\_\_ (ddmmccyy)

**Cancel my existing switch**

Effective date \_\_\_\_\_ (ddmmccyy)

Full name of unit trust fund

**Start or change monthly switch**

New date \_\_\_\_\_ (ddmmccyy)

#### FROM

Full name of unit trust fund	Class	Total monthly amount (N\$)

#### TO

Full name of unit trust fund(s)	Class

- Review the Minimum Disclosure document (MDD) [www.sanlam.com.na](http://www.sanlam.com.na) as minimums apply to the switch in amounts.
- You are liable for any difference in initial fees when switching between a money-market fund and equity fund, or from any fund where the initial fee is lower.
- If no class is specified, the switch will be allocated to a default class.
- If the switch date occurs on a non-business day, you will receive the next business day's price.

Signature of investor \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory 1 \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory2 \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory 3 \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

## Form E Appoint / Remove Intermediary and Fee change

### What would you like us to do

Appoint an Intermediary       Remove an Intermediary       Change of advice fee

### Intermediary details

Intermediary code \_\_\_\_\_

Full name(s) \_\_\_\_\_ Surname \_\_\_\_\_

Company name \_\_\_\_\_

Fund name	Fund class	Initial advice fee %

### Initial advice fee

You can amend the initial advice fee on future dated debit orders and direct deposits only

### Investor declaration

I / We confirm that I / We:

- Have read and understood the important notes, terms and conditions
- Have the authority and am / are legally competent to enter into and conclude this transaction, with the necessary legal assistance when it is required.
- Are aware that the legal guardian must sign the instruction on behalf of a minor (if applicable).

Investor  
Signature \_\_\_\_\_

Date: \_\_\_\_\_ (ddmmccyy)

### Intermediary declaration

- Declare that I am a licensed financial service provider or a representative of a financial service provider. I am authorised to sell unit trusts.
- I will ascertain and verify the identity of the investor, as required by the FIA as Amended.

Intermediary signature \_\_\_\_\_

Date \_\_\_\_\_ (ddmmccyy)

## Form F - Individual Tax Residency Self Certification

### Personal details

(All fields marked with \* are compulsory)

\*Title Mr  Mrs  Ms  Other (specify) \_\_\_\_\_

\*Full name(s) and surname(s) \_\_\_\_\_

\*Identity number \_\_\_\_\_ \*Date of birth \_\_\_\_\_ (ddmmccyy)

\*Passport number \_\_\_\_\_ \*Passport country of Issue \_\_\_\_\_

\*Nationality \_\_\_\_\_

\*Permanent residential address \_\_\_\_\_

\*Postal address \_\_\_\_\_

\*Telephone number \_\_\_\_\_

Please specify any other nationality / citizenship \_\_\_\_\_

Primary country of residence for tax purposes \_\_\_\_\_

Tax identification number \_\_\_\_\_

Are you a registered tax payer of any country other than your primary country of residence Yes  No

If "Yes", please complete the information below for each country of tax residence

Country/Countries of tax residence	Tax Identification Number	OR	Not applicable

Signature of Investor \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

## Form G - Legal entity Tax Residency Self Certification

### Legal Entity details

(All fields marked with \* are compulsory)

\*Registered name of Legal Entity \_\_\_\_\_

\*Trading name of Legal Entity \_\_\_\_\_

\*Entity registration number \_\_\_\_\_ \*Country of Incorporation \_\_\_\_\_

\*Country of Operation \_\_\_\_\_

\*Registered address \_\_\_\_\_

\*Operating address \_\_\_\_\_

\*Postal address \_\_\_\_\_

\*Telephone number(s) \_\_\_\_\_

Primary country of incorporation (created, organised or under law of) for tax purposes \_\_\_\_\_

Tax Identification number \_\_\_\_\_

Is the legal entity a registered tax payer of any country other than its primary country of incorporation Yes  No

If "Yes", please complete the information below for each country of tax residency:

Country/Countries of tax residence	Tax Identification Number	OR	Not applicable

**By ticking "Not Applicable", you confirm that the country specified does not issue a Tax Identification Number.**

### Organisation's classification under FATCA

It is mandatory to classify yourself in this section. For guidance please refer to the Legal Entities Tax Residency Classification for FATCA and CRS document, available at [www.sanlaminvestments.com](http://www.sanlaminvestments.com). Alternatively, speak to your tax adviser.

**If your organisation is a Financial Institution, please specify which type:**

- Partner Jurisdiction Financial Institution
- Participating Foreign Financial Institution (in a non-IGA jurisdiction)
- Non-Participating Foreign Financial Institution (in a non-IGA jurisdiction)
- Financial Institution resident in the USA or in a US Territory
- Exempt Beneficial Owner (this includes a South African registered retirement scheme, a South African Governmental Organisation or an International Organisation)
- Deemed Compliant Foreign Financial Institution (this includes Non Profit Organisations and Financial Institutions with a Local Client Base)

**If your organisation is not a Financial Institution, please specify below :**

- Active Non-Financial Foreign Entity
- Passive Non-Financial Foreign Entity (Please complete section for Controlling Persons)

**Please select an option if your organisation is a US tax resident and not a Specified US person:**

- A corporation regularly trading on a recognised stock exchange
- Any corporation that is a member of the same expanded affiliated group as a regularly traded corporation on a recognised stock exchange

- A US g agency
- Any bank as defined in section 581 of the U.S. Internal Revenue Code
- A retirement plan under section 7701(a)(37), or exempt organization under section 501(a) of the U.S. Internal Revenue Code
- OR any other exclusions

## Organisation's classification under Common Reporting Standard

Please select one with reference to the primary country of residence:

- Financial Institution under CRS (this includes all Non Reporting Financial Institutions for example a pension scheme, government entity and international organisation.)
- An investment entity located in a Non-Participating Jurisdiction and managed by another Financial Institution (If this box is ticked, please also complete section 4 for Controlling Persons)
- Entity, which frequently trades on an established securities market or associated with, an established securities market or a corporation which is a related entity of such a corporation.
- A Government Entity, a Central Bank or an International Organisation.
- Active Non-Financial Entity
- Passive Non-financial entity (Please complete section for controlling persons)

## Controlling persons self-certification

Tax regulations require us to collect information for each Controlling Person's tax residency (e.g. in terms of the Foreign Account Tax Compliance Act "FATCA"). The Controlling Person must be a natural person. We might be obliged to share information about your Controlling Persons with the American Inland Revenue Service who may share the information with other tax jurisdiction. Please note that we require FIA documentation for each Controlling Person. See annexure B for details of documentation requirements.

### Details of controlling persons 1

Title Mr  Mrs  Ms  Other (specify) \_\_\_\_\_

Full name(s) and surname(s) \_\_\_\_\_

Telephone number: \_\_\_\_\_

Permanent residential address \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_

Postal address \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_

Date of birth \_\_\_\_\_ (ddmmccyy) Country of birth \_\_\_\_\_

Identity number \_\_\_\_\_ Passport number \_\_\_\_\_

Passport country of issue \_\_\_\_\_ Passport expiry date \_\_\_\_\_ (ddmmccyy)

Nationality \_\_\_\_\_ Social Security Number (if US Citizen) \_\_\_\_\_

Primary country of tax residence \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

Are you a registered tax payer of any country other than your primary country of residence? Yes  No

If "Yes" please complete the information below for each country of tax residency.

Country/Countries of tax residence	Tax Identification Number	OR	Not applicable

**By ticking "Not Applicable", you confirm that the country specified does not issue a Tax Identification number. If you are a USA citizen you are resident for tax purposes in the USA**

Signature of Controlling person 1 \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Initial \_\_\_\_\_

**Details of controlling persons 2**

Title Mr  Mrs  Ms  Other (specify) \_\_\_\_\_

Full name(s) and surname \_\_\_\_\_

Permanent residential address \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_

Postal Address \_\_\_\_\_

Country \_\_\_\_\_ Postal code \_\_\_\_\_

Date of birth \_\_\_\_\_ (ddmmccyy) Country of birth \_\_\_\_\_

Identity number \_\_\_\_\_ Passport number \_\_\_\_\_

Passport country of issue \_\_\_\_\_ Passport expiry date \_\_\_\_\_ (ddmmccyy)

Nationality \_\_\_\_\_ Social Security Number (if US Citizen) \_\_\_\_\_

Primary country of tax residence \_\_\_\_\_

Tax Identification Number \_\_\_\_\_

Are you a registered tax payer of any country other than your primary country of residence? Yes  No

If "Yes" please complete the information below for each country of tax residency.

Country/Countries of tax residence	Tax Identification Number	OR	Not applicable

***By ticking "Not Applicable", you confirm that the country specified does not issue a Tax Identification number. If you are a USA citizen you are resident for tax purposes in the USA***

Signature of Controlling person 2 \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)

Authorised signatory \_\_\_\_\_ Date \_\_\_\_\_ (ddmmccyy)