

RE-FIA: Individual

The FIA legislation requires that we validate our clients' information on a regular basis. The client, authorised person or intermediary must complete this form if the client is an **individual**. We kindly request that you attach a **clear copy** of either your **ID or passport** to this form to ensure our records are complete and up to date. For **minors**, a **clear copy** of the **birth certificate** is required. This is especially important for clients who have not yet submitted their identification documents. Certified copies are not required, but will be accepted if provided. Where we refer to "you" we are referring to our client, unless stated otherwise. Please ensure that **all** fields in this form are completed. If a field is not applicable, please fill in "**not applicable (N/A)**" or "**none**".

It is important to note that you will only be able to transact on your investment if you are FIA compliant. You will therefore not be allowed to make any withdrawals if you are non-compliant.

SEND US THE COMPLETED FORM AND SUPPORTING DOCUMENTS

Once you have completed this form and attached the necessary supporting documentation, send it to us at:

Email: FIA@sanlamallianz.com.na

1. PROVIDE YOUR INFORMATION

Role (e.g. client / payer / beneficiary) _____

Other business units where you are also invested:

- Sanlam Allianz Namibia Trust Managers Ltd (Unit Trust)
- Sanlam Allianz Namibia Ltd (Affluent Market) or (Entry Level Market)
- Sanlam Allianz Life Namibia Ltd (Sanlam Personal Portfolios) or (Legacy)

Title _____

Surname _____

First name _____

Middle name(s) _____

Previous name (if applicable) _____

Date of birth

Y	Y	Y	Y	M	M	D	D
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 Gender

M	F
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Nationality Namibian Other _____

Citizenship Namibian Other _____

Country of birth Namibia Other _____

Country of residence Namibia Other _____

ID number

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, **OR**

Passport number

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 Expiry date

Y	Y	Y	Y	M	M	D	D
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Country issued _____

Client contact details

Email _____

Cell number _____ Telephone (h) _____

Fax number _____ Telephone (w) _____

Physical address (include country) _____

Postal address (include country) Same as above _____

If you have provided a postal address other than your own, please tell us whose address it is:

Name and surname _____

Client tax details

In the table below, please list each country and tax number where you are resident for tax purposes:

Primary country of tax residency	Tax identification number
Other countries of tax residency	Tax identification number

Please provide your **value added tax (VAT) registration number**, if applicable: _____

If you pay taxes in the United States of America or are a US citizen or resident, you need to comply with the U.S. Foreign Account Tax Compliance Act (FATCA).

A United States (US) **citizen** is a person who:

- a) has US nationality,
- b) was born in the US,
- c) was born in Puerto Rico, Guam or US Virgin Islands,
- d) was a former foreigner but has been naturalised as a US citizen,
- e) has a parent who is a US citizen.

A US **resident** is a person (also a foreigner) who resided in the US during the past calendar year, having a physical or postal address, or both, in the US.

Are you a citizen or resident of the United States of America, or do you have a USA tax number? Y N

If yes, what is your tax or social security number? _____



If yes, please also complete and attach the **W-9 form** available on www.irs.gov.

This form must be signed by the US resident or citizen.

Client financial information

In order to comply with FIA legislation, we need your financial information:

What is your employment status? Choose the **one** most applicable to you.

<input type="checkbox"/> Salaried employee	<input type="checkbox"/> Self-employed
<input type="checkbox"/> Minor	<input type="checkbox"/> Student (18 and older)
<input type="checkbox"/> Retired	<input type="checkbox"/> Unemployed
<input type="checkbox"/> Home executive	

Do you earn an income? Y N

If you answered yes above, please complete the following:

How do you earn your income? Salary Pension Business Dividends

Other _____

What is your annual income before tax? N\$ _____

If you earn an **additional** income, how do you earn it? Salary Pension Business Dividends

Other _____

What is your **additional** annual income before tax? N\$ _____

What is your occupation? _____

Who is your employer? _____

Only complete this if your employment status is "salaried employee" or "self-employed": Which industry or sector do you currently work in? Only choose one.

(All options refer to private sector except for "state owned enterprise" and "public sector")

- | | |
|--|---|
| <input type="checkbox"/> Extractive services (e.g. mining) | <input type="checkbox"/> Construction |
| <input type="checkbox"/> State owned enterprise | <input type="checkbox"/> Public sector |
| <input type="checkbox"/> Agriculture, forestry or fishing | <input type="checkbox"/> Manufacturing |
| <input type="checkbox"/> Financial and business services | <input type="checkbox"/> Wholesale and retail trade |
| <input type="checkbox"/> Accounting services | <input type="checkbox"/> Engineering |
| <input type="checkbox"/> Education | <input type="checkbox"/> Healthcare or medical |
| <input type="checkbox"/> Information technology (IT) | <input type="checkbox"/> Automotive or aviation |

Travel, tourism, accommodation or food services

Other industry or sector _____

What is the purpose of your investments with us?

Retirement savings

To generate an income

Short-term flexible investments

Saving for a specific goal

Long-term investment with capital growth

Other reasons: _____

If you are self-employed or have business activities:

What are your business activities? _____

What is the name of your business? _____

Where is your business situated? _____

1.2 All my investments and policies with Sanlam Allianz Namibia

Legislation requires that you confirm all investments and policies you have with us.

Client number	Investment or policy number	Type of product (investment, retirement fund or policy)	Name of product	Name of investment, retirement fund or policy
123456	58395	Policy	Sanfuture	Risk Cover & Savings Policy
7890	12798	Investment	Unit trust	Money Market Fund
1				
2				
3				
4				
5				
6				

Client source of wealth

Please indicate how you acquired most of your wealth _____

For example, it could have been from: Salary income, inheritance, business income, retirement, divorce settlement, investment proceeds, policy proceeds and/or sale of immovable property etc. (If the wealth was acquired through savings, please elaborate).

2. SIGN THE DECLARATION

Please indicate who is making the declaration (select only **one** of the below). The person selected below must sign this form.

Intermediary declaration Sanlam Allianz code _____

I, the financial intermediary, person contracted by Sanlam Allianz or Sanlam Allianz employee, hereby confirm that I have established the identity of this client as required by the FIA and the FIA Regulations. I have seen the original or certified copy of the FIA verification document.

Client or authorised person declaration

I, the client or authorised person acting on behalf of the client, confirm that the above information is true and correct.

Signature of the person making the declaration _____

Print name and surname _____

Date

Y	Y	Y	Y	M	M	D	D
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