

Investment Account Application - Legal Entity

Instructions

1. This application and supporting documentation must be emailed to instruct@ashburtoninvest.co.za or fax it to 0860 762 468.
2. Please complete all relevant sections of this application in order for us to process this investment.
3. If any fields are not completed in this form or the information provided by you is not adequate, Ashburton reserves the right to reject this form. If this form is rejected by Ashburton, you will be advised of such and with the reason(s) for rejection.
4. Terms and Conditions are available on our website at www.ashburtoninvestments.com, from our Client Service Team on 0860 762 468 or from your financial advisor. By signing this form you acknowledge that you have read and understood these, and that you will be bound by such Terms and Conditions.
5. All valid instructions received before **2pm** on a business day, will be processed on the same day and receive the closing price of the following business day.
6. Reference to Investor in this application form refers to the duly authorised person(s) where applicable.
7. The Administrator will only process this application when all required documents are received and, if applicable, the deposit reflects in the product bank account.
8. Documentation required in order for us to process your application:
 - a. Please refer to the checklist available on our website for Financial Intelligence Centre Act (Act No. 38 of 2001) (FICA) documents required;
 - b. If you have indicated any links to the US, please provide the relevant W-9 or W-8 form, which can be found on the IRS website (www.irs.gov) to confirm your US status.
 - c. Proof of deposit (if applicable); Banking details will be supplied once your application has been accepted;
 - d. Proof of bank details are required if a once-off or recurring debit order or recurring income is required;
 - e. If you are investing in a Personal Share Portfolio please complete the addendum which is available on our website www.ashburtoninvestments.com.
9. As a financial institution, Ashburton is not allowed to give tax advice, if you have any questions about this form or defining your tax residency status, please speak to your tax advisor or local tax authority. You can also find out more at the Organisation for Economic Co-operation and Development ("OECD") automatic exchange of information portal: www.oecd.org.
10. Definitions of FATCA terms are provided in the forms section on the Ashburton website: www.ashburtoninvestments.com.

In terms of Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standard (CRS), it is law for us to ask for the information requested. You may decline the request to provide the information, however, should the requested information not be provided we advise that we will be required to report the undocumented status of the account to SARS and the account may be subject to penalties for non-compliance. Additionally, should this be a new account application, we will not be able to accept the investment without the required information due to legislative reasons.

The investor/financial services provider ("FSP")/authorised representative hereby agrees to provide all documentation and information required in terms of FICA, and understands that the Administrator is prohibited from processing any transaction on his/her behalf until all such documentation and information has been provided and the Administrator has satisfied itself that all requirements have been met.

Ashburton Investor Services Proprietary Limited ("Administrator"), Registration Number 2011/139123/07, is an authorised administrative financial services provider (FSP Number 44341) and is the administrator of this investment.

01. Investor details

Details of legal entity

New investor Existing investor (if existing Ashburton investor, supply investor ID and only complete fields marked with an asterisk*)

Investor ID

Registered name*

Trading as name

Registration number*

Country of incorporation / registration

Inception / registration date

[Y | Y | Y | Y | M | M | D | D]

Registered address

Country

Area code

Operating address (if the same as above, please tick this box)

Country Area code

Postal address (if the same as registered address, please tick this box) (if the same as operating address, please tick this box)

Country Postal code

First name(s) and surname of contact person for entity

Email address (please provide your email address if you require web access, or if you prefer email communication)

Contact telephone number Mobile number*

Country dialling code (+) Country dialling code (+)

Business Activity (Any expected future investments or disinvestments on this portfolio)

*At least one contact number must be supplied.

Type of entity

If you are a US legal entity, please complete the W9 form available on the IRS website www.irs.gov.

Public company Private company Closed corporation Partnership Trust

Non-profit organisation Club/Unincorporated body of persons Stokvel

Other (please specify)

02. Financial institutions

If this entity is a Financial Institution (FI), please complete this section and provide the relevant IRS W-8 form.

Please provide the Account Holder's Status by ticking one of the following boxes:

A. An Investment Entity that has appointed another Financial Institution in a fiduciary capacity to manage its investment activities or operations on a discretionary basis (Please supply details of managing financial institution below and complete "Appendix A: Controlling Persons")

Full Name of Managing Financial Institution

B. Country of operation

C. Other Investment Entity

D. Other Financial Institutions (i.e. Depository Institution, Custodial Institution, or Specified Insurance Company)

Please provide the entity's Global Intermediary Identification Number (GIIN):

. . .

If the entity does not have a GIIN but is sponsored by another entity which has a GIIN, please provide the following:

Sponsor's GIIN:

. . .

Sponsor's Name:

Sponsor's country of operation:

If the entity does not have a GIIN or cannot provide a GIIN from a Sponsor, please specify the reason by providing the organisation's classification below:

Classification	Tick	Classification	Tick
i. Participating FFI, which has applied for a GIIN and has not received a GIIN.		v. Non-reporting FFI (e.g. Trustee Documented Trust)	
ii. Exempt Beneficial Owner (e.g. International organisation)		vi. Non-Participating FFI	
iii. Certified Deemed Compliant FFI (e.g. Investment advisor)		vii. Limited FFI	
iv. Owner Documented FFI		viii. Other, please specify below (only tick if the entity type is contained within your local jurisdiction legislation where you are tax resident)	

Other:

If you do not know the entity's classification and have not provided a GIIN, please complete the relevant IRS W-8 form found on the IRS website www.irs.gov.

03. Non-Financial entities

If the Entity is not a Financial Institution, please complete this section to assist us in determining the Entity's status for FATCA and CRS purposes.

Trusts

If you are a trust, please complete all the questions that follow (1-11), otherwise please move on to question 5:

1. Has a financial institution been appointed in a fiduciary capacity to carry out the day to day functions of the entity and therefore the entity can be seen to be professionally managed by another Financial Institution? Yes No

2. Name of the Financial Institution (if applicable):

3. GIIN of the Financial Institution (if applicable):

_____._____._____._____

4. Country of operation of managing Financial Institution:

Note: By providing a controlling financial institution, with their GIIN, you are certifying that you are a Trustee-documented trust.

All entities (including trusts)

If you are not a professionally managed trust (as indicated above), please answer the remaining questions (5-11).

5. Are you a: Retirement Fund Government or wholly government owned Central Bank International Organisation

Note: by selecting one of the above, you confirm that you are an Exempt Beneficial Owner

6. Are you a listed company on an established securities market? Listed company Entity related to a listed entity
Unlisted entity (and not related to a listed entity)

7. Are you a Non-profit organisation with a tax exemption certificate? Yes No

8. Are you a treasury center or holding company of a non-financial group? Yes No

9. Did more than 50% of the entity's gross income, for its previous reporting period or calendar year, come from a passive source (e.g. interest, dividends, rentals, royalties, etc.)? Yes No

10. Did more than 50% of the assets held by the entity during the previous reporting period or calendar year produce passive income or are otherwise held for the production of passive income? Yes No

Note: If "Listed Company" or "Entity related to a listed entity" in question 6. above is selected or you have answered "Yes" to any of the questions 7 or 8; or answered "No" to both 9 and 10; you are certifying that you are an Active NFE. If the opposite is true you are certifying that you are a Passive NFE. If you are a Passive NFE you are required to provide details of the necessary Controlling Persons by completing Appendix A (pages 12-15).

11. Are you a Direct/Sponsored Direct Reporting NFE under FATCA? Yes No

If "Yes" please supply the relevant GIIN Number under which you are reporting. _____

Note: By selecting the above, you are certifying that you are a Direct/Sponsored Direct Reporting NFE. Kindly note that the associated GIIN provided will be verified.

Important note: Should you disagree with this assessment, please complete and submit the relevant IRS W-8 or W-9 form found on the IRS website: www.irs.gov.

04. Source of funds

Please indicate the source of funds:

Existing Ashburton account Sale of investments Bank account Property sale
 Transfer from other financial services provider Assets of trust/Investment company
 Other (specify) _____

Please note that in certain circumstances we may request additional information.

05. Tax and residency

Please complete this section and all withholding tax exemption declarations (interest or dividends) that may be relevant to you. Not doing so may result in processing delays or in the incorrect withholding tax being applied.

If the entity is registered in South Africa for tax purposes, please confirm by ticking this box

South African Tax Identification Number (TIN) _____

VAT registration number (if applicable) _____

Reason for no TIN provided: Not registered Do not wish to disclose

If the entity is registered in South Africa for tax purposes the following default will be applied:

- Withholding Tax on Interest will not apply;
- Dividends Tax at 20% will apply (where applicable);
- Unless we receive the relevant Dividends Tax exemption declaration from you, distributions from Real Estate Investment Trusts ("REITs") will be taxed at a rate of 20% despite forming part of your taxable income.

Provided the declaration is in place, South African tax residents are exempt from Dividends Tax on distributions from REITs. We strongly recommend that you refer to Section 14 of this form and complete and sign the exemption declaration should it be applicable to you.

If the entity is not registered in South Africa for tax purposes, please confirm by ticking this box

In which country are you registered for tax purposes?

Tax Identification Number (TIN) _____

Reason for no TIN provided: Not registered Not issued in this jurisdiction Do not wish to disclose

As a foreign tax resident, unless we receive the relevant declaration from you, the following defaults will be applied:

- Withholding Tax on Interest at 15% (where applicable);
- Dividends Tax at 20% (where applicable); and
- Distributions from Real Estate Investment Trusts ("REITs") will be subject to withholding tax at 20%.

If you are exempt from or could be entitled to a reduced rate of withholding tax for Dividends Tax or Withholding Tax on Interest, please complete the relevant declaration forms.

*(Please refer to the Statutory Limits Table on the Website for information for these limits.)

Additional tax registrations:

Please indicate any other jurisdictions in which you are registered for tax:

Tax Identification Number (TIN)	Country	Reason for no TIN (tick the relevant column)		
		Not issued in jurisdiction	Not registered	Do not wish to disclose
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
		<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>

06. Bank details of the investor

Please supply proof of bank details (a cancelled cheque or relevant bank statement or a letter on a bank letterhead with bank stamp not older than 3 months). The bank account must be in the name of the investor. Please note that no third party payments will be accepted.

Name of bank

Branch code

Branch name

Country

Account name

Account no.

Type of account

Current Savings

All payments will be made electronically into the current or savings account of the registered investor only.

07. Web access and communication preferences

Web access

Would you like to have web access to view your statements, correspondence and upload instructions?

Yes No

For those persons representing a legal entity and requiring web access please supply the information in the table below.

Name of person	ID or passport number	Mobile number	Email address

Communication preferences

How would you like to receive confirmation notes and quarterly statements?

1) Email or

2) Web, with preferred method to be notified when new communication is available online:

a) SMS b) Email c) No notification, I will visit the website regularly

08. Payment details and bank debit authority

If you are investing in Ashburton funds only, the minimum investment is R5 000. If you are investing in third party funds, the minimum investment is R25 000. The minimum monthly debit order amount is R500.

Please select the relevant option:

1) Electronic/internet transfer; Banking details will be supplied once your application has been accepted

2) Electronic collection by the Administrator/once-off debit (maximum R1 000 000)

3) Recurring debit order investment

4) Unit transfer (complete Unit Transfer form)

Lump sum investment

Investment amount R _____

If you require a phase-in, please specify the immediate investment percentage _____ %, the balance to be phased-in over _____ months (between 3 and 24).

If the Administrator is collecting the money from the specified bank account, indicate the once-off debit date

Please sign the debit authority below.

Recurring debit order investment

Recurring investment amount R

Debit order frequency

Monthly Quarterly Half yearly Annually

Debit order deduction date

01 16 21 26

Please note that if no debit order deduction date is selected by the investor the first of the month will be used.

First debit order date

| | | | | | | | | | |

Next escalation date

| | | | | | | | | | |

Annual escalation %

Debit order and once-off debit authority

If the bank account for debit orders is **different** to the one specified in Section 06, please complete bank details for debit orders and/or once-off debits here. Please supply proof of bank details (a cancelled cheque or relevant bank statement or letter on a bank letterhead with bank stamp).

Name of bank

Branch code

Branch name

Account name

Country

Account no.

Type of account

Current Savings

I hereby authorise the Administrator to draw direct debits or the specified once-off debit amount against the bank account specified. Direct debits can only be processed from a South African bank account. Units bought with a direct debit can only be redeemed after **40** calendar days. If the bank account holder is not the same as the investor (3rd party contribution) then the actual account holder must sign below as authority to debit their bank account and must provide full FICA documentation as per the requirements listed in the Checklist available on our website. If the bank account holder is not the investor, he/she acknowledges that the Administrator does not make third party payments, payment will only be made to the investor unless the investor is a minor.

The Administrator will debit your account within 2 business days of receiving a valid and complete application and supporting documents or on the date specified on the application form.

In the event that the collection day falls on a Sunday or a recognised South African public holiday, the collection day will automatically be the next ordinary business day.

I agree that although this authority and mandate may be cancelled by me, such cancellation will not cancel this Ashburton Investment Account. I shall not be entitled to any refund of amounts which the Administrator has withdrawn while this authority was in force.

I acknowledge that this authority may be ceded or assigned to a third party if this Ashburton Investment Account is also ceded or assigned to that third party, but in the absence of such assignment of this Ashburton Investment Account, this authority and mandate cannot be assigned to any third party.

Please note that the reference for the direct debit on your bank account will be “<Ashburton <Investor ID<contract number>”.

Please ensure that the account the Administrator is debiting allows debits.

Signature of investor/bank account holder

Date

| | | | | | | | | | |

Please select one of the options below:

- Option 1 Disinvest the specified amount proportionately across the contract
- Option 2 Disinvest as specified in the disinvestment allocation table below:

Disinvestment allocation

Instrument name	Amount	Percentage
	R	%
	R	%
	R	%
	R	%
	R	%
	R	%
	R	%
Total		100%

11. Financial services provider ("FSP") details and declarations

Financial advisor name Financial advisor code

FSP sales reference

FSP name FSP code

Contact telephone number

Full discretionary mandate Limited discretionary mandate

Limited discretionary mandate restrictions:

The FSP warrants that he/ she has the requisite authority to enter into this mandate as per the discretionary mandate entered into between the FSP and the investor.

Discretionary mandate declaration by investor

This section is only applicable if the FSP holds a Category II license (Discretionary FSP) with the Financial Services Board, and is therefore an approved Discretionary FSP, and if you have entered into a discretionary mandate with the FSP.

The paragraph below contains statements which are an acknowledgment of fact by the investor. The investor must read the paragraph below carefully and ensure that the statements are true and correct. The paragraph below also places various risks, liabilities, obligations and legal responsibilities on the investor. As a result of the paragraph below, the investor's rights and remedies against the Administrator and other persons will be limited if the Administrator accepts, acts or relies on information and instructions given by the Discretionary FSP. The Administrator may also have claims and other rights against the investor.

I agree and understand that in terms of the mandate that I have entered into with the FSP, that the Discretionary FSP may give the Administrator instructions directly and I hereby authorise the Administrator to accept such instructions on my behalf. I further understand that should the mandate with the Discretionary FSP be terminated, that it is my responsibility to inform the Administrator timeously of this.

Investor signature

Date

| | | | | | | | |

Declaration by FSP

The FSP/authorised representative, by appending his/her signature hereto, states and declares that he/she has read and understood the Terms and Conditions pertaining to this investment product; warrants that all statements given by him/her in the application form are true and correct in every respect and that such statements shall form the basis of the contract, which is to be entered into, between the investor and the Administrator, as well as the contract between the investor and the FSP/authorised representative as regards the FSP/authorised representative. All statements made, and details supplied by him/her on the investor's behalf, whether by his/her own hand or otherwise, are true and correct, and the Administrator is entitled to regard them as such for the purposes of considering the investor's application to invest in the account, as well as for the purposes of paying any fees to the FSP/representative; and has adhered to all the requirements of the FAIS Act and its applicable subordinate legislation and codes of conduct in the course of rendering financial services to the investor.

The FSP/authorised representative further acknowledges that he/she is aware that the investor will be screened and profiled by the Administrator in terms of the administrator's FICA requirements, and may be required to submit additional supporting documentation such as financial statements and asset and liability statements where the investor falls within a certain risk category as defined by the Administrator. The FSP/authorised representative acknowledges that he/she has personally explained all the fees and commissions applicable to this investment to the investor.

Signature of FSP/Financial Advisor

Date

| Y | Y | Y | Y | M | M | D | D |

12. Marketing consent

I agree that my personal details and contact information may be used by Ashburton Investments to email me value added information that might be relevant to me subject to the following terms and conditions:

- In instances where Ashburton has obtained my personal information in the context of investment purposes;
- For the purpose of direct marketing of Ashburton's own similar products or services; and
- I have been given a reasonable opportunity to object, free of charge and in a manner free of unnecessary formality, to such use of my details both at the time when my personal information was first collected and each time Ashburton or its related third party service provider communicates with me for marketing purposes.

1. Value added/educational information (e.g. market or investment related information)

Yes No

2. Information about Ashburton's products and services

Yes No

Please note that indicating 'No' to receiving marketing information does not impact on receiving notifications and transaction confirmations relating to your investments, as indicated in section 07. above. If neither option is selected you will not receive any marketing information from Ashburton.

This consent has no bearing on marketing consent that you may or may not have given to Ashburton.

13. Dividends tax exemption declaration

- This section is to be completed by the beneficial owner (of dividends, including dividends *in specie*) in order for the exemptions from Dividends Tax referred to in section 64F read with sections 64FA(2), 64G(2) or 64H(2)(a) of the Income Tax Act, 1962 (Act No 58 of 1962) ("the Act") to apply.
- In order to qualify for an exemption this declaration and written undertaking should be submitted to Ashburton before the payment of an affected dividend. Failure to do so will result in Dividends Tax being withheld/payable.
- Non South African residents seeking to qualify for a reduced rate (as opposed to being exempt) should not complete this form. Please refer to the Dividends Tax reduced rate declaration form, which can be found on the Ashburton website.

Please indicate the reason why the beneficial owner is exempt from Dividends Tax:

Tick	Description
<input type="checkbox"/>	Par (a) - a company which is resident in South Africa;
<input type="checkbox"/>	Par (b) - the Government, a provincial administration or a municipality (of the Republic of South Africa);
<input type="checkbox"/>	Par (c) - a public benefit organisation (approved by SARS terms of section 30(3) of the act);
<input type="checkbox"/>	Par (d) - a trust contemplated in section 37A of the Act (i.e. mining rehabilitation trust);
<input type="checkbox"/>	Par (e) - an institution, board or body contemplated in section 10(1)(cA) of the Act (eg. water board, tribal authority, etc);
<input type="checkbox"/>	Par (f) - a fund contemplated in section 10(1)(d)(i) or (ii) of the Act (i.e. pension fund, pension preservation fund, provident fund, provident preservation fund, retirement annuity fund, beneficiary fund or benefit fund);
<input type="checkbox"/>	Par (g) - a person contemplated in section 10(1)(t) of the Act (eg. CSIR, SANRAL, ARMSCOR, Development Bank of SA, etc);
<input type="checkbox"/>	Par (h) - a shareholder in a registered micro business, as defined in the Sixth Schedule to the Act, paying that dividend, to the extent that the aggregate amount of dividends paid by that registered micro business to its shareholders during the year of assessment in which that dividend is paid does not exceed the amount of R200 000;
<input type="checkbox"/>	Par (i) - a small business funding entity as contemplated in section 10(1)(cQ);
<input type="checkbox"/>	Par (j) - a person that is not a resident and the dividend is a dividend contemplated in paragraph (b) of the definition of 'dividend' in section 64D (i.e. a dividend paid by a non-resident company that is listed in South Africa, such as dual-listed shares);
<input type="checkbox"/>	Par (k) - portfolio of a collective investment schemes in securities;
<input type="checkbox"/>	Par (l) - any person insofar as the dividend constitutes income of that person (i.e. falls into the normal tax system);
<input type="checkbox"/>	Par (m) - fidelity or indemnity funds contemplated in section 10(1)(d)(iii) – i.e. only the two, not the other entities mentioned.

Declaration in terms of sections 64FA(1)(a)(i), 64G(2)(a)(aa) or 64H(2)(a)(aa) of the Act:

I _____ (full names in print), the undersigned, hereby declare that dividends paid to the beneficial owner are exempt, or would have been exempt had it not been a distribution of an asset *in specie*, from the Dividends Tax in terms of the paragraph of section 64F of the Act indicated above.

Undertaking in terms of sections 64FA(1)(a)(ii), 64G(2)(a)(bb) or 64H(2)(a)(bb) of the Act:

I _____ (full names in print), the undersigned undertake to forthwith inform the Administrator in writing should the circumstances of the beneficial owner referred to in the declaration above change.

Signature of Investor/Authorised person

Date

| Y | Y | Y | Y | M | M | D | D |

Capacity of Signatory (if not the Beneficial Owner):

14. Declaration by investor

By signing this form, I declare that:

1. I/we warrant that all information and declarations provided by me in this form and all supporting documentation in connection with this form are true, correct and accurate in every respect and undertake to inform Ashburton of any changes thereto as well as any facts or circumstances in future that may impact my legal status as a Client of Ashburton.
2. I confirm that should the information provided be incorrect or untrue, I may be held personally liable to any penalties or criminal charges that may be imposed by the regulator due to information I provided.
3. I have read, understood and agree to the Terms and Conditions available on www.ashburtoninvestments.com or from the Client Service Team on 0860 274 287 and agree to be bound by such Terms and Conditions. I confirm that the Ashburton Investment Account is based upon the Terms and Conditions, this application form and all supporting documentation as per the Checklist.
4. I hereby confirm and consent as necessary that FirstRand Limited together with its affiliates and subsidiaries as defined in terms of the Companies Act 71 of 2008, may process (collect, use or otherwise deal with) my information (including processing of my personal information outside the borders of South Africa), which was voluntarily provided by myself, for the purposes of providing services and products, according to the Terms and Conditions and requirements of the law.
5. I confirm that the Administrator has not given me any advice in respect of the tax, legal, accounting, regulatory and/or financial consequences of this investment.
6. I confirm that the money that I am investing in terms of this application form is not derived from the proceeds of any unlawful activities as defined and contemplated in the Prevention of Organised Crime Act, (Act No. 121 of 1998) ("POCA").
7. I am aware that it is the sole responsibility of the beneficial owner to ensure the tax declaration and undertaking is filed timeously, and that it complies with all requirements and obligations in relation to withholding tax as set out in the Act from time to time.
8. I fully understand the information and the risks that come with this investment and where I have a financial advisor, I confirm that the information relating to this investment product has been fully and adequately explained to me by my financial advisor.
9. I agree and understand that if I have elected not to have a financial advisor that the Administrator is unable to provide updates on legal changes and/or industry developments, and that the Administrator will not be monitoring my investment compared to my personal investment goals.
10. I confirm that the advisor, as authorised representative of the FSP specified in Section 12, is my appointed financial advisor.
11. I hereby confirm that where I have a financial advisor, I authorise this financial advisor to submit valid online instructions on my behalf.
12. I hereby indemnify the Administrator against any liability for any loss or damage suffered by me as a result of inaccurate or incomplete or late submission of information contained herein.
13. I agree to pay the following negotiated fees to my financial advisor on this and all future transactions until otherwise specified.

Please specify the percentage, excluding VAT.

	Initial advice fee (excluding VAT)	Annual advice fee (excluding VAT)
Lump sum investment	%	%
Recurring investment	%	%

The maximum initial advice fee is 3%, excluding VAT. You can indicate a different initial fee for lump sum and recurring investments. The maximum annual advice fee is 1%, excluding VAT. The annual fee is the same for lump sum and recurring investments.

Signed at

Date

| Y | Y | Y | Y | M | M | D | D |

Signature of investor (or duly authorised person(s) where applicable)

Capacity of duly authorised person(s)

Appendix A. Controlling person details

If you are a Passive Non-financial Entity or you are an Investment Entity, managed by a financial institution, please ensure that this Appendix is completed for all controlling persons of the account holder. Controlling persons are defined as natural persons who exercise control over an entity.

In the case of a trust such term means:

1. Trustee;
2. Founder;
3. Settlor;
4. Protector;
5. Beneficiaries (or class of beneficiaries); and
6. Via other means.

In the case of a legal arrangement other than a trust, such term means persons in equivalent or similar positions.

Generally controlling persons include:

1. Directors/Partners;
2. Shareholders;
3. Founder;
4. Senior managing official; and
5. Via other means.

Please note that should another entity effect control over the account holder, we will require a company organogram to inform us of the company structure. Additionally, we may request additional details in order to determine the ultimate beneficial owners of the assets, due to legislative reasons.

Should there be more than 5 controlling persons, please complete an additional Appendix A.

Full name/Registered name	Name of entity controlled	Relationship (e.g. trustee, director)	Identity/Registration number	Shareholding (%)
A				
B				
C				
D				
E				
				100%

In respect of "A" in the table above, the following must be completed:

Related party nature of person:

Individual Sole proprietor Partnership Trust Non-profit organisation
 Listed company Unlisted company Close corporation Retirement Fund Stokvel
 Government or wholly government owned entity International organisation

Other (specify) _____

Physical Address

Country _____ Area Code _____

Country of residence/operations _____ Date of birth _____

_____ [Y | Y | Y | Y | M | M | D | D]

Country of birth/incorporation/organisation _____

Country of citizenship/s (for natural persons only) _____

Contact telephone number _____ Mobile number _____

[Country dialling code (+)] [Country dialling code (+)]

Tax registrations/obligations

Country

Tax registration number

Country

Tax registration number

Country

Tax registration number

Country

Tax registration number

In respect of "B" in the table above, the following must be completed:

Related party nature of person:

- Individual Sole proprietor Partnership Trust Non-profit organisation
Listed company Unlisted company Close corporation Retirement Fund Stokvel
Government or wholly government owned entity International organisation

Other (specify)

Physical Address

Country

Area Code

Country of residence/operations

Date of birth

Country of birth/incorporation/organisation

Country of citizenship/s (for natural persons only)

Contact telephone number

Mobile number

Country dialling code (+)

Country dialling code (+)

Tax registrations/obligations

Country

Tax registration number

Country

Tax registration number

Country

Tax registration number

Country

Tax registration number

In respect of "C" in the table above, the following must be completed:

Related party nature of person:

- Individual Sole proprietor Partnership Trust Non-profit organisation
 Listed company Unlisted company Close corporation Retirement Fund Stokvel
 Government or wholly government owned entity International organisation

Other (specify) _____

Physical Address

Country _____ Area Code _____

Country of residence/operations _____ Date of birth _____

_____ | Y | Y | Y | Y | M | M | D | D |

Country of birth/incorporation/organisation _____

Country of citizenship/s (for natural persons only) _____

Contact telephone number _____ Mobile number _____

| Country dialling code (+) _____ | Country dialling code (+) _____

Tax registrations/obligations

Country _____ Tax registration number _____

Country _____ Tax registration number _____

Country _____ Tax registration number _____

Country _____ Tax registration number _____

Country _____ Tax registration number _____

Country _____ Tax registration number _____

Country _____ Tax registration number _____

Country _____ Tax registration number _____

In respect of "D" in the table above, the following must be completed:

Related party nature of person:

- Individual Sole proprietor Partnership Trust Non-profit organisation
 Listed company Unlisted company Close corporation Retirement Fund Stokvel
 Government or wholly government owned entity International organisation

Other (specify) _____

Physical Address

Country _____ Area Code _____

Country of residence/operations _____ Date of birth _____

_____ | Y | Y | Y | Y | M | M | D | D |

Country of birth/incorporation/organisation _____

Country of citizenship/s (for natural persons only) _____

Contact telephone number _____ Mobile number _____

| Country dialling code (+) _____ | Country dialling code (+) _____

Tax registrations/obligations

Country	Tax registration number
_____	_____
Country	Tax registration number
_____	_____
Country	Tax registration number
_____	_____
Country	Tax registration number
_____	_____

In respect of "E" in the table above, the following must be completed:

Related party nature of person:

Individual Sole proprietor Partnership Trust Non-profit organisation
Listed company Unlisted company Close corporation Retirement Fund Stokvel
Government or wholly government owned entity International organisation

Other (specify) _____

Physical Address

Country	Area Code
_____	_____

Country of residence/operations	Date of birth
_____	[Y Y Y Y M M D D]

Country of birth/incorporation/organisation

Country of citizenship/s (for natural persons only)

Contact telephone number	Mobile number
Country dialling code (+)	Country dialling code (+)
_____	_____

Tax registrations/obligations	
Country	Tax registration number
_____	_____
Country	Tax registration number
_____	_____
Country	Tax registration number
_____	_____
Country	Tax registration number
_____	_____