

# Change Details

## For legal entities

### 1. What you need to know

1. Before completing this form please read the latest relevant Investment Agreement which can be obtained from our website: [www.nedgroupinvestments.com](http://www.nedgroupinvestments.com), your financial planner or our Client Service Centre.
2. The daily cut-off for receipt of instructions is 14:00.
3. We will process your instruction once:
  - we have received, reviewed and accepted your completed signed form and supporting documentation; and
  - we have performed all checks, verifications and assessments required in terms of FICA.
4. Information filled in outside of the relevant fields will not be considered when processing your instruction.
5. Return the completed and signed form with the relevant supporting documents to us via email to [nedgroupinvestments@silica.net](mailto:nedgroupinvestments@silica.net) (please print and sign the form before scanning and emailing it to us, as an authorised signature is required for processing).
6. If you have any questions about this form please contact your financial planner or our Client Service Centre on **0860 123 263** (from within RSA) or on **+27 21 416 6011** (from outside RSA).

### 2. Investor details

Investor number

#### ENTITY TYPE

- |   |  |   |
|---|--|---|
| <input type="checkbox"/> South African listed company   | <input type="checkbox"/> Partnership             | <input type="checkbox"/> Close corporation              |
| <input type="checkbox"/> South African unlisted company | <input type="checkbox"/> South African trust     | <input type="checkbox"/> Foreign trust                  |
| <input type="checkbox"/> Foreign company                | <input type="checkbox"/> Government entity / SOE | <input type="checkbox"/> Unregulated fund / Association |
| <input type="checkbox"/> Retirement fund                | <input type="checkbox"/> Medical Aid             | <input type="checkbox"/> Long-term insurer              |
| <input type="checkbox"/> Investment schemes manager     |  |   |

Registered name

Trading name local

Trading name foreign

Registration number

Country of organisation or incorporation

Date of incorporation   
D D M M Y Y Y Y

#### SOURCE OF WEALTH

- Company profit       Donations       Investments       Contributions

### INDUSTRY (EXCLUDING TRUSTS)

- |   |   |
|---|---|
| <input type="checkbox"/> Financial, investment and insurance activities | <input type="checkbox"/> Professional, scientific and technical services    |
| <input type="checkbox"/> Information, technology and communication      | <input type="checkbox"/> Administrative and support services                |
| <input type="checkbox"/> Accommodation and hospitality services         | <input type="checkbox"/> Human health, social work and education            |
| <input type="checkbox"/> Wholesale and retail trade                     | <input type="checkbox"/> Transportation and storage                         |
| <input type="checkbox"/> Arts, entertainment and recreation             | <input type="checkbox"/> Real estate  |
| <input type="checkbox"/> Craft, trade or artisanal                      | <input type="checkbox"/> Sport  |
| <input type="checkbox"/> Manufacturing                                  | <input type="checkbox"/> Mining   |
| <input type="checkbox"/> Construction                                   | <input type="checkbox"/> Agriculture, forestry and fishing                  |
| <input type="checkbox"/> Non-profit / religious                         | <input type="checkbox"/> Gambling   |
| <input type="checkbox"/> Government, Municipal services or SOE          | <input type="checkbox"/> Public administration, defence and social security |

### FOR TRUSTS ONLY - PURPOSE OF TRUST

- |                                       |   |   |  |
|---------------------------------------|---|---|--|
| <input type="checkbox"/> Family trust | <input type="checkbox"/> Business trust | <input type="checkbox"/> Charitable trust | <input type="checkbox"/> Special needs trust |
|---------------------------------------|---|---|--|

### NATURE OF LEGAL ENTITY ACTIVITY

- |   |   |
|---|---|
| <input type="checkbox"/> Management                         | <input type="checkbox"/> Sales                |
| <input type="checkbox"/> Administrative and support service | <input type="checkbox"/> Distribution         |
| <input type="checkbox"/> Marketing                          | <input type="checkbox"/> Maintenance          |
| <input type="checkbox"/> Production and supply              | <input type="checkbox"/> Financial services   |
| <input type="checkbox"/> Customer service                   | <input type="checkbox"/> Wholesale and retail |
| <input type="checkbox"/> Entertainment / hospitality        | <input type="checkbox"/> Trust management     |

## 3. Change request

Please indicate the details you wish to change and complete and submit corresponding addendum/a with this form.

- |  |  |
|--|--|
| <input type="checkbox"/> Addendum 1: Name  | <input type="checkbox"/> Addendum 6: Bank account details                                  |
| <input type="checkbox"/> Addendum 2: Contact details (Contact numbers / email / address) | <input type="checkbox"/> Addendum 7: Income distribution payment method (unit trusts only) |
| <input type="checkbox"/> Addendum 3: Legal entity contact person(s)                      | <input type="checkbox"/> Addendum 8: Beneficial owner/Controlling persons                  |
| <input type="checkbox"/> Addendum 4: Legal entity tax residency self-certification       | <input type="checkbox"/> Addendum 9: Associated legal entities                             |
| <input type="checkbox"/> Addendum 5: Preferred correspondence method                     | <input type="checkbox"/> Addendum 10: Resolution for authorised signatories                |

## 4. Investor declaration

I confirm and certify that:

- I am responsible for my investment decisions and have considered whether this investment is right for my needs.
- I confirm that all information provided in this application is true and correct and that I am not aware of any other information that may affect this application negatively.
- Where I am acting on behalf of another person, or as a representative of a legal entity, I confirm that I am duly authorised to complete and sign this form.
- I understand and agree that this application will be governed by the relevant and latest Investment Agreement and I have read and understood the Portfolio Characteristics document and the fund fact sheet that relates to the unit trust portfolios I am investing in.
- I have used the Effective Annual Cost calculator and I am aware of the charges that may be incurred.
- I authorise Nedgroup Investments to accept this instruction as submitted (electronically or otherwise) and agree that Nedgroup Investments will not be held liable for acting on this application and/or any instructions contained herein.
- The information contained in this form may be reported to the South African tax authorities.

Investor / Authorised signatory

Date          
D D M M Y Y Y Y

Name

Capacity

Authorised signatory (if applicable)

Date          
D D M M Y Y Y Y

Name

Capacity

Authorised signatory (if applicable)

Date          
D D M M Y Y Y Y

Name

Capacity

Authorised signatory (if applicable)

Date          
D D M M Y Y Y Y

Name

Capacity

Nedgroup Investments (Pty) Limited (Company registration number 1996/017075/07)

Incorporating Nedgroup Collective Investments (RF) Proprietary Limited (Company registration number 1997/001569/07); Nedgroup Investment Advisors Limited (Company registration number 1998/017581/07) an authorised Financial Services Provider (FSP Licence No. 1652) Sponsor of the Nedgroup Investments Retirement Funds

Nedbank Clocktower Precinct V&A Waterfront Cape Town 8001  
PO Box 1510 Cape Town 8000 South Africa

[www.nedgroupinvestments.com](http://www.nedgroupinvestments.com)

Directors: I Ruggiero NA Andrew CE Sevenoaks

# Addendum one

## Name

**Please provide a copy of the registration documentation.**

Registered name

Trading name

Registration number

# Addendum two

## Contact details

Registered address

Code	
Country	South Africa
If other	

Postal address

Code	
Country	South Africa
If other	

Physical business address

	Code	
	Country	South Africa
	If other	

# Addendum three

## Contact person of a legal entity

Do you wish to:

- Replace your current authorised contact person - please complete all information below which will overwrite existing records
- Update your current authorised contact person's details - please only provide the information you wish to update

### PERSONAL DETAILS

Title and surname

First names

Date of birth   
D D M M Y Y Y Y

SA ID number

Passport number (if foreign national)

Nationality

### CONTACT DETAILS

Cell (mandatory) +  (0)

Email address

Alternate telephone +  (0)

<p>Residential address or registered address</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="text-align: right;">Code <input type="text"/></p> <p>Country <input type="text"/> South Africa</p> <p>If other <input type="text"/></p>	<p>Postal address (if different)</p> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <p style="text-align: right;">Code <input type="text"/></p> <p>Country <input type="text"/> South Africa</p> <p>If other <input type="text"/></p>
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# Addendum four

## Legal entity tax residency self-certification

The Tax Administration Act 28 of 2011 (adopting aspects of the U.S.A. Foreign Account Tax Compliance Act (FATCA), and the OECD Common Reporting Standard (CRS) for Automatic Exchange of Financial Account Information) requires us to collect certain information about investors and its Controlling Persons tax arrangements. Please complete the sections below as directed and provide any additional information that is requested. Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's investment, with SARS who may in turn share this information with other relevant tax authorities. If any of the information below change in the future, please advise of these changes promptly.

It is mandatory to classify yourself in this section, for guidance please refer to the **Addendum: Legal entities tax residency classification (FATCA and CRS)** available at [www.nedgroupinvestments.com](http://www.nedgroupinvestments.com), and speak to your tax adviser.

Are you resident for tax purposes in South Africa?

Yes  No

If yes, please indicate your tax number

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------	----------------------

Are you tax resident in any other country?

Yes  No

If yes, please complete following for each country of tax residency

Country of tax residency	Tax identification number (TIN)	OR	Not applicable
1 <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
2 <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
3 <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
4 <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>
5 <input type="text"/>	<input type="text"/>	<input type="checkbox"/>	<input type="checkbox"/>

**Please note**

- By ticking not applicable you confirm that the country specified does not issue a tax identification number.

**CLASSIFICATION UNDER FATCA AND CRS**

Please indicate if you are a

Financial Institution **OR**  a Non Financial Institution

**If you are a Financial Institution**

<b>FATCA Classification</b> In this section the word "foreign" includes South African legal entities.	<b>(please tick one)</b>
South African Financial Institution or a Partner Jurisdiction Financial Institution	<input type="checkbox"/>
Participating Foreign Financial Institution (in a Non-IGA jurisdiction)	<input type="checkbox"/>
Non-Participating Foreign Financial Institution	<input type="checkbox"/>
Financial Institution resident in the USA or in a US Territory	<input type="checkbox"/>
Exempt Beneficial Owner (this includes a South African registered retirement scheme, a South African Governmental Organisation or an International Organisation)	<input type="checkbox"/>
Deemed Compliant Foreign Financial Institution (this includes Non-Profit Organisations and Financial Institutions with a Local Client Base).	<input type="checkbox"/>

<b>CRS Classification</b>	<b>(please tick one)</b>
Financial Institution under CRS (this includes all Non-Reporting Financial Institutions for example a pension scheme, government entity and international organisation.)	<input type="checkbox"/>
A non-participating professionally managed Investment Entity (this does not include a South African Financial Institution). <i>If this box is ticked, please also complete the Addendum Controlling Persons (natural persons only) in respect of any Controlling Persons).</i>	<input type="checkbox"/>

If you are a financial institution that has obtained a Global Intermediary Identification Number (GIIN) please provide:

GIIN

**If you are a Non Financial Institution**

<b>FATCA Classification</b> In this section the word "foreign" includes South African legal entities.	<b>(please tick one)</b>
Active Non-Financial Foreign Entity	<input type="checkbox"/>
Passive Non-Financial Foreign Entity <i>(If this box is ticked, please also complete the Addendum Controlling Persons (natural persons only) in respect of any Controlling Persons).</i>	<input type="checkbox"/>
Non-Financial Entity that is a 'US Person' - please tick one of the following boxes: US Reportable Person <input type="checkbox"/> Not a US Reportable Person <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>

<b>CRS Classification</b>	<b>(please tick one)</b>
A corporation the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation.	<input type="checkbox"/>
A Government Entity, a Central Bank or an International Organisation.	<input type="checkbox"/>
Active Non-Financial Entity.	<input type="checkbox"/>
Passive Non-Financial Entity. <i>(If this box is ticked, please also complete the Addendum Controlling Persons (natural persons only) in respect of any Controlling Persons).</i>	<input type="checkbox"/>



## Addendum five

### Preferred correspondence

We will send you all correspondence (e.g. statements, fund updates, ballot letters pertaining to your investment) via email. If you haven't provided an email address your quarterly statement will be sent via SMS.

You may choose who receives your quarterly investment statement:

You / the person acting on your behalf     Your financial planner     Both

On behalf of the legal entity, the authorised contact person will also receive our quarterly Insights if an email address has been provided. If you do not wish to receive this please tick this box:



## Addendum seven

### Income distribution method - unit trusts only

Please complete the unit trust portfolio(s) for which you would like your income distribution changed.

Unit trust portfolio	Account number	Income distribution	
		Payout	Reinvest
		✓	OR ✓

# Addendum Eight

## Beneficial Owner/ Controlling Persons (natural persons only)

If the investor is an approved pension, provident or retirement annuity fund completion of this Addendum is not required, however for all other entity types this Addendum is mandatory.

The Financial Intelligence Centre Act 38 of 2001 (FICA), requires us to identify investors and their beneficial / controlling persons and to confirm their identities before accepting an application. We do this to prevent identity theft or fraud and prevent money laundering and terrorist financing.

The Tax Administration Act 28 of 2011 requires us to collect certain information about certain investor's and its Controlling Persons tax arrangements.

Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor's investment, with relevant tax authorities.

The following persons are considered to be Beneficial Owners and/or Controlling Persons of the investor; **each of these individuals are required to complete the Addendum:**

- Any natural person who, independently or together with another person, has a controlling ownership **interest of more than 25%** in the legal entity or any of its affiliated entities.
- Any natural person who exercises **control of the legal entity** through other means, e.g. persons exercising control through voting rights.
- Any natural person who exercises control over the management of the legal person:
  - Company** = Managing director
  - Closed corporation** = all members
  - Partnership** = all partners
  - Trust** = all trustees, all beneficiaries, the settlor, the protector(s) (if any)
- Any other natural person exercising control over the legal entity.

### 1. Personal details

**Complete this section for each associated and/or Controlling Person.**

Relationship to investor	<input type="text"/>											
Should you be linked as a primary contact person?	<input type="checkbox"/>	Yes	<input type="checkbox"/>	No								
Title and surname	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>							
First names	<input type="text"/>											
Date of birth	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y	Y	Y				
SA ID number	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport number (if foreign national)	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
Passport expiry date	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
	D	D	M	M	Y	Y	Y	Y				
Nationality	<input type="text"/>						Passport country of issue	<input type="text"/>				
							Country of birth	<input type="text"/>				

**CONTACT DETAILS**

Cell (mandatory) +   (0)

Email address

Alternate telephone +   (0)

Residential address or registered address	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	Postal address (if different)	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
	Code <input type="text"/>		Code <input type="text"/>
	Country <input type="text"/> South Africa		Country <input type="text"/> South Africa
	If other <input type="text"/>		If other <input type="text"/>

We will send quarterly investments statements via email.

If you would like access to the investment account via our secure website, please contact our Client Service Centre on 0860 123 263.

**Please note:**

- A South African ID number, email address and cell number are required to register on the secure site.

**2. Tax residency**

**Complete this section for each Controlling Person only if the investor is**

- (i) a Passive Non-Financial Foreign Entity (FATCA classification),
- (ii) a Passive Non-Financial Entity (CRS classification) or
- (iii) a non-participating professionally managed Investment Entity (this does not include a South African Financial Institution; CRS classification).

For guidance please refer to the **Addendum: Legal entities tax residency classification (FATCA and CRS)** available at [www.nedgroupinvestments.com](http://www.nedgroupinvestments.com), and speak to your tax adviser.

Country of tax residency	Tax identification number (TIN)	OR	Not applicable
1 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
2 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
3 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
4 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>
5 <input type="text"/>	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>		<input type="checkbox"/>

**Please note:**

- 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.

**I undertake to advise Nedgroup Investments promptly and provide an updated self-certification form where any change in circumstances occur which causes any of the information contained in this addendum to be incorrect.**

# Addendum Nine

## Associated legal entities

The Financial Intelligence Centre Act 38 of 2001 (FICA), requires us to identify investors and their associated persons and to confirm their identities before accepting an application. We do this to prevent identity theft or fraud and prevent money laundering and terrorist financing.

If the investor is an approved South African pension, provident or retirement annuity fund and the supporting documentation listed on the FICA Addendum is provided, completion of this Addendum is not required. If any of the information below change in the future, please advise of these changes promptly.

The following legal entities are considered to be associated with the investor, as indicated.

### 1. Company:

- Any legal entity holding 25% or more interest in such company

### 2. Partnership:

- Each and every corporate partner
- Each and every other legal entity exercising control over the Partnership

### 3. Trust:

- Each and every corporate trustee
- Each and every corporate beneficiary
- The settlor
- The protector(s) (if any)
- Any other legal entity exercising control over such Trust

## 1. Legal entity details

Please complete this section for each associated legal entity.

Relationship to investor	<input type="text"/>	
Registered name	<input type="text"/>	
Trading name local	<input type="text"/>	
Trading name foreign	<input type="text"/>	
Registration number if applicable	<input type="text"/>	
Registered address	Postal address (if different)	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
<input type="text"/>	<input type="text"/>	
Code <input type="text"/>	Code <input type="text"/>	
Country <input type="text"/> South Africa	Country <input type="text"/> South Africa	
If other <input type="text"/>	If other <input type="text"/>	
Physical business address	<input type="text"/>	
	<input type="text"/>	
Country of incorporation	<input type="text"/>	Code <input type="text"/>

I undertake to advise the Nedgroup Investments promptly and provide an updated self-certification form where any change in circumstances occurs which causes any of the information contained in this addendum to be incorrect.

# Addendum Ten

## Resolution for authorised signatories

Where you do not have your own resolution or person authorised to act document OR where your resolution does not include all the information requested below, please complete the following resolution and list of signatories.

At the meeting of the trustees/directors/members/partners/relevant committee of the legal entity applying to invest herein:

Held at (place)

On this date          
D D M M Y Y Y Y

It was resolved that the above mentioned legal entity opens an investment account with Nedgroup Investments and appoints the relevant persons whose details have been provided on the list of signatories to act on behalf of the legal entity in respect of this investment.

Name(s) of trustees/ directors/ members/ partners/ relevant committee making the resolution:

Authorised signatory

Date          
D D M M Y Y Y Y

Name

Capacity

Authorised signatory

Date          
D D M M Y Y Y Y

Name

Capacity

Authorised signatory

Date          
D D M M Y Y Y Y

Name

Capacity

Authorised signatory

Date          
D D M M Y Y Y Y

Name

Capacity

**LIST OF SIGNATORIES**

Details of persons who have been authorised to act in respect to this investment (please provide a copy of SA ID for each authorised person in terms of FICA). If a person listed below is also an associated / controlling person (as defined in Addendum 3) they must also complete the Addendum Associated / Controlling person.

Title and surname	<input type="text"/>	
First names	<input type="text"/>	
Date of birth	<input type="text"/> D D M M Y Y Y Y	
SA ID number	<input type="text"/>	
Passport number (if foreign national)	<input type="text"/>	
Cell	+ <input type="text"/> <input type="text"/> (0) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Alternate telephone	+ <input type="text"/> <input type="text"/> (0) <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>	
Email address	<input type="text"/>	
Residential address	Postal address (if different)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	Code	<input type="text"/>
<input type="text"/>	Code	<input type="text"/>
Designation	<input type="text"/>	
Specimen signature	<input type="text"/>	Date <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> D D M M Y Y Y Y
Authority to act	<input type="checkbox"/> Solely <input type="checkbox"/> Jointly	



Details of persons who have been authorised to act in respect to this investment (please provide a copy of SA ID for each authorised person in terms of FICA). If a person listed below is also an associated / controlling person (as defined in Addendum 3) they must also complete the Addendum Associated / Controlling person.

Title and surname	<input type="text"/>	
First names	<input type="text"/>	
Date of birth	<input type="text"/> D D M M Y Y Y Y	
SA ID number	<input type="text"/>	
Passport number (if foreign national)	<input type="text"/>	
Cell	+ <input type="text"/> (0) <input type="text"/>	
Alternate telephone	+ <input type="text"/> (0) <input type="text"/>	
Email address	<input type="text"/>	
Residential address	Postal address (if different)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Code <input type="text"/>		Code <input type="text"/>
Designation	<input type="text"/>	
Specimen signature	<input type="text"/>	Date <input type="text"/> D D M M Y Y Y Y
Authority to act	<input type="checkbox"/> Solely <input type="checkbox"/> Jointly	

Details of persons who have been authorised to act in respect to this investment (please provide a copy of SA ID for each authorised person in terms of FICA). If a person listed below is also an associated / controlling person (as defined in Addendum 3) they must also complete the Addendum Associated / Controlling person.

Title and surname	<input type="text"/>	
First names	<input type="text"/>	
Date of birth	<input type="text"/> D D M M Y Y Y Y	
SA ID number	<input type="text"/>	
Passport number (if foreign national)	<input type="text"/>	
Cell	+ <input type="text"/> (0) <input type="text"/>	
Alternate telephone	+ <input type="text"/> (0) <input type="text"/>	
Email address	<input type="text"/>	
Residential address	Postal address (if different)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Code <input type="text"/>		Code <input type="text"/>
Designation	<input type="text"/>	
Specimen signature	<input type="text"/>	Date <input type="text"/> D D M M Y Y Y Y
Authority to act	<input type="checkbox"/> Solely <input type="checkbox"/> Jointly	

Details of persons who have been authorised to act in respect to this investment (please provide a copy of SA ID for each authorised person in terms of FICA). If a person listed below is also an associated / controlling person (as defined in Addendum 3) they must also complete the Addendum Associated / Controlling person.

Title and surname	<input type="text"/>	
First names	<input type="text"/>	
Date of birth	<input type="text"/> D D M M Y Y Y Y	
SA ID number	<input type="text"/>	
Passport number (if foreign national)	<input type="text"/>	
Cell	+ <input type="text"/> (0) <input type="text"/>	
Alternate telephone	+ <input type="text"/> (0) <input type="text"/>	
Email address	<input type="text"/>	
Residential address	Postal address (if different)	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>
Code <input type="text"/>		Code <input type="text"/>
Designation	<input type="text"/>	
Specimen signature	<input type="text"/>	Date <input type="text"/> D D M M Y Y Y Y
Authority to act	<input type="checkbox"/> Solely <input type="checkbox"/> Jointly	