

# Initial Investment

## Endowment for legal entities



### 1. What you need to know

1. Before completing this form please read the latest relevant Investment Agreement, Fund Fact Sheet and Portfolio Characteristics document - which can be obtained from your financial planner or our Client Service Centre. To understand the charges that may be incurred when investing, please use the Effective Annual Cost calculator available at [www.nedgroupinvestments.com](http://www.nedgroupinvestments.com).
2. Your investment will be invested into the unit trust portfolio class specified on the relevant Portfolio Characteristics document.
3. We will process your instruction once:
  - we have received, reviewed and accepted your completed signed form and supporting documentation;
  - we have performed all checks, verifications and assessments required in terms of FICA; and lastly
  - the money reflects in our bank account.
4. The daily cut-off for receipt of instructions is 14:00.
5. Information filled in outside of the relevant fields will not be considered when processing your instruction.
6. 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).
7. 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. Online Access to Your Investment

Information regarding your investment may also be accessed from our secure site. Once you have received your investor number, you may register on the Nedgroup Investments website. To access the site go to [www.nedgroupinvestments.co.za](http://www.nedgroupinvestments.co.za) and click on 'Register/Login' in the top right hand corner of the landing page.

**Please note**

- We will need to have a valid cell phone number and email address on record in order for you to register successfully.

### 3. Investor details

#### ENTITY DETAILS

- |   |  |   |
|---|--|---|
| <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     |  |   |

If Investment scheme manager, in terms of Exchange Control, are you categorised as  Retail  Institutional

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

#### 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:

- Family trust  Business trust  Charitable trust  Special needs trust

Address of Master of the High Court

Country

If other

**NATURE OF LEGAL ENTITY ACTIVITY**

- |  |   |
|--|---|
| <input type="checkbox"/> Management                  | <input type="checkbox"/> Sales                |
| <input type="checkbox"/> Executive                   | <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     |

**CONTACT DETAILS**

Registered address

Code

Country

If other

Postal address (if different)

Code

Country

If other

Physical business address

Code

Country

If other

Place of effective management (if different to registered or physical business address)

Code

Country

If other

**4. Income verification**

This information is an anti-money laundering requirement prescribed by the Financial Intelligence Centre Act, 38 of 2001 (FICA). Supporting documentation may be requested.

**SOURCE OF WEALTH**

- |   |                                    |                                      |  |
|---|------------------------------------|--------------------------------------|--|
| <input type="checkbox"/> Company profit | <input type="checkbox"/> Donations | <input type="checkbox"/> Investments | <input type="checkbox"/> Contributions |
|---|------------------------------------|--------------------------------------|--|

## 5. Tax residency

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 VAT registered in South Africa

Yes  No

If yes, please indicate your VAT 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 exempt from dividend withholding tax?

Yes  No

**If yes, please complete the Addendum: Declaration for exemption from dividend withholding tax.**

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 FOR FINANCIAL INSTITUTION**

| <b>FATCA Classification</b><br>In this section the word "foreign" includes South African legal entities.   | (please tick one)        |
|--|--------------------------|
| 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>  | (please tick one)        |
|--|--------------------------|
| 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 Associated / 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><br>In this section the word "foreign" includes South African legal entities.   | (please tick one)                                    |
|--|--|
| Active Non-Financial Foreign Entity  | <input type="checkbox"/>                             |
| Passive Non-Financial Foreign Entity<br><i>(If this box is ticked, please also complete the Addendum Associated / 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:<br>US Reportable Person <input type="checkbox"/><br>Not a US Reportable Person <input type="checkbox"/>             | <input type="checkbox"/><br><input type="checkbox"/> |

| <b>CRS Classification</b>   | (please tick one)        |
|---|--------------------------|
| 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.<br><i>(If this box is ticked, please also complete the Addendum Associated / Controlling Persons (natural persons only) in respect of any Controlling Persons).</i> | <input type="checkbox"/> |

**6. Preferred correspondence**

We will send you, or the person acting on your behalf, 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

As an investor, you will also receive our quarterly Insights if you have provided us with an email address. If you do not wish to receive this please tick this box:

## 7. Details of Life Assured

### Please note

At least one life assured must be nominated.

### FIRST LIFE ASSURED

Title and surname

First names

SA ID number

Passport number  
(if foreign national)

Passport expiry date          
D D M M Y Y Y Y

Passport country of issue

### SECOND LIFE ASSURED

Title and surname

First names

SA ID number

Passport number  
(if foreign national)

Passport expiry date          
D D M M Y Y Y Y

Passport country of issue

## 8. Investment details

### INTENDED PURPOSE OF INVESTMENT

Invest for over 5 years

### NATURE OF RELATIONSHIP WITH NEDGROUP INVESTMENTS

- Invest a single amount with frequent withdrawals after 5 years
- Invest multiple amounts with frequent withdrawals after 5 years
- Invest a single amount with occasional withdrawals after 5 years
- Invest multiple amounts with occasional withdrawals after 5 years

### HOW ARE YOU FUNDING THIS TRANSACTION?

- Company profit  Donations  Investment  Contributions
- Sale of assets  Venture capital

**Total lump sum amount**

(including phase-in, if applicable)

R

**PHASE-INS**

Do you require your investment to be phased in?  Yes  No

If yes, please submit the relevant Phase-in Form.

If you elect to phase-in your investment, the investment amount will be invested into the Nedgroup Investments Core Income Fund and phased in monthly over the selected period into the designated unit trust portfolio(s).

**UNIT TRUST PORTFOLIO SELECTION**

**Please note:**

- Income distributions will be reinvested (after tax if applicable).

| Unit trust portfolio | Lump sum amount to be invested<br>excluding amounts to be phased-in | Debit order amount to be invested | Only applicable if investing with a Financial Planner |             |                          |
|----------------------|---|-----------------------------------|---|-------------|--------------------------|
|                      |   |                                   | Initial FP fee (excl VAT)                             |             | Annual FP fee (excl VAT) |
|                      |   |                                   | Lump sum  | Debit order |                          |
|                      |   |                                   | %   | %           | %                        |
|                      |   |                                   |   |             |                          |
|                      |   |                                   |   |             |                          |
|                      |   |                                   |   |             |                          |
|                      |   |                                   |   |             |                          |
|                      |   |                                   |   |             |                          |
|                      |   |                                   |   |             |                          |
|                      |   |                                   |   |             |                          |
|                      |   |                                   |   |             |                          |
|                      |   |                                   |   |             |                          |
| <b>Total (R)</b>     |   |                                   |   |             |                          |

**FEE ACCOUNT SELECTION (IF REQUIRED)**

Indicate the unit trust portfolio for which the fee is to be recovered.

**Please note**

- If the funds are depleted in that unit trust portfolio, the fees will be recovered from the original unit trust portfolio.

## FINANCIAL PLANNING FEES

- If no fee is completed, 0% will apply.
- If a fee higher than the maximum is specified, the maximum will apply.
- Initial financial planning fees in respect to debit orders will be deducted off each debit order amount before investing into the selected unit trust portfolio.

## POLICY DETAILS

Only required if you would like to split your total investment amount across more than one policy, which will result in multiple account groups.

Please indicate the amount to be invested in each policy:

|                  |                      |
|------------------|----------------------|
| R                | <input type="text"/> |
| R                | <input type="text"/> |
| R                | <input type="text"/> |
| R                | <input type="text"/> |
| R                | <input type="text"/> |
| <b>Total (R)</b> | <input type="text"/> |

Each amount will be invested proportionately in the unit trust portfolios selected. All details on this instruction form will apply to each policy.

## 9. Payment details

### HOW DO YOU WISH TO PAY FOR THIS INVESTMENT?

#### Lump sum:

**Collection by Nedgroup Investments**

Electronic collection by Nedgroup Investments is a once off debit from your bank account and is limited to a maximum of R1 million. For amounts larger than R1 million please make payment via EFT. Please complete the 'Investor bank account details' section below. Allow at least two business days between the submission of your instruction and the collection date specified below.

Total lump sum amount R   
(include any Phase-ins)

Date for electronic  
collection of lump sum

|                      |                      |                      |                      |                      |                      |                      |                      |
|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| <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                    |

**I will make payment via electronic funds transfer (EFT)**

Once we accept your investment, we will send you an SMS with our bank account details. Please transfer your investment amount and use your registration number as reference. Electronic transfers may take up to two days to appear in our bank account.

#### Please note

- We do not accept cash deposits.
- We will only process your instruction once we have received proof of payment.
- Interest will be earned (at the rate applicable to the abovementioned bank account) from the first day after the investment amount has been deposited until invested.



**Debit Order:**

Total debit order investment amount R

Debit order to commence in the month of   
M M Y Y Y Y

Debit order collection day  1st  15th  27th

Escalation rate per annum  5%  10%  15% Other  %

**Please note**

- Debit order escalation percentage cannot exceed 20%.
- For your debit order to come into effect on the selected date, your debit order instruction must reach us no later than five business days before the selected date. If all requirements are not met, your debit order instruction will be processed on the selected date in the following month.
- Cheque deposits, once-off debits and debit orders take 45 days to clear.

## 10. Investor bank account details

It is mandatory to complete this section.

**Please note**

- No third party payments will be processed.
- If the bank account used to fund this investment differs from the one below please provide us with alternate bank account details by completing the Alternate bank account form available on our website.
- Payments will be delayed if the name of the account holder as registered with the bank is different from that completed below.

|  |   |                                  |
|--|---|----------------------------------|
| Name of account holder (as registered with bank) | <input type="text"/>  |                                  |
| Name of bank                                     | <input type="text"/>  |                                  |
| Account 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"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |                                  |
| Name of branch                                   | <input type="text"/>  | Branch code <input type="text"/> |
| Account type                                     | <input type="checkbox"/> Current <input type="checkbox"/> Savings   | Country <input type="text"/>     |

## 11. Financial planner details and declarations

Name of financial planning business

Name of financial planner  Code

Contact number +  (0)

I confirm that:

- I have made the disclosures required in terms of the Financial Advisory and Intermediary Services Act, 37 of 2002 (FAIS) to the investor.
- I have used the Effective Annual Cost calculator and explained all fees and charges that relate to this investment to the investor.
- I am authorised by the financial planning business to sell this investment / product in terms of FAIS.

Financial planner signature

Date   
D D M M Y Y Y Y

## 12. Complete only if the investor is a Nedbank employee or direct family member of a Nedbank employee

Nedbank employee number

If not a Nedbank employee, please specify the relationship to Nedbank employee

### 13. 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.

Where the financial planning details section has been completed:

- The financial planning business is my appointed financial planning business until I instruct otherwise.
- The financial planner listed, as authorised representative of the financial planning business, is my appointed financial planner.
- My appointed financial planning business must be paid the initial and annual financial planning fees.
- Annual financial planning fees may be recovered via the sale of units from my investment and paid to my financial planning business as long as it remains registered to render services in respect of my investment.
- My appointed financial planning business will have access to my investment details via Nedgroup Investments' secure online website.

Investor / Authorised signatory

Date          
D D M M Y Y Y Y

Name

Capacity

If more than one signature is required to authorise this investment, please provide additional authorised signatories and indicate whether we may accept any one, any two or all as authority for all future transactions. If you do not select an option, we will assume that all signatories appearing on this form are required to sign all future instructions.

Any one  Any two  All

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

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 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

## 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<br>(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"/> |                      |                      |                      |                      |
|   | 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<br>or registered address | <input type="text"/><br><input type="text"/><br><input type="text"/><br><input type="text"/> | Postal address<br>(if different) | <input type="text"/><br><input type="text"/><br><input type="text"/><br><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

## 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"/> <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"/> |                           |
| 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

## Contact person(s)

Please complete the following section for each contact person linked to this investment indicating what type of correspondence they should have access to.

**Please note**

- Contact persons have no authority to act on behalf of the investor.
- Correspondence will only be sent electronically.
- A SA identity number, email address and cell number are required to register you on the secure site.
- You may only elect one primary contact person.
- Please provide a copy of SA ID for each contact person.

**CONTACT PERSON 1**

Should you be linked as the primary contact person?  Yes  No

What is your relationship to the investor?

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

Cell (mandatory) +   (0)

Alternate telephone +   (0)

Email address



**CONTACT PERSON 2**

Should you be linked as the primary contact person?  Yes  No

What is your relationship to the investor?

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

Cell (mandatory) +  (0)

Alternate telephone +  (0)

Email address

# Addendum

## Declaration for exemption from Dividend Withholding Tax

### 1. Withholding agent

Registered name: Nedgroup Investments

Dividends tax reference number

|   |   |   |   |   |   |   |   |   |   |
|---|---|---|---|---|---|---|---|---|---|
| 9 | 5 | 6 | 7 | 1 | 8 | 6 | 8 | 4 | 7 |
|---|---|---|---|---|---|---|---|---|---|

### 2. Exemption

Please indicate the reason for the exemption by ticking the relevant block.

- A  A company which is a resident
- B  The government, a provincial administration or municipality
- C  Public Benefit Organisations (approved in terms of section 30(3) of the Act)
- D  Mining rehabilitation trusts (section 37 of the Act)
- E  Section 10(1)(cA) persons
- F  Section 10(1)(d) funds (e.g. pension funds, provident funds and medical schemes)
- G  Section 10(1)(t) persons (e.g. CSIR and SANRAL)
- H  Shareholders in a registered micro business (6th Schedule to the Act) (insofar as dividends do not exceed R200,000 per year)
- I  A small business funding entity as contemplated in section 10(1)(cQ)
- J  Non-residents receiving dividends from foreign companies listed on the Johannesburg Stock Exchange
- K  Portfolios of collective investment schemes in securities
- L  Any person to the extent that the dividend constitutes income of that person
- M  Any person to the extent that the dividend was subject to the STC
- N  Fidelity or indemnity funds contemplated in section 10(1)(d)(iii)

## 5. Declaration

In terms of sections 64FA(1)(a)(i), 64G(2)(a)(aa) or 64H(2)(a)(aa) of the Act I, the undersigned, hereby declare that dividends paid to the beneficial owner is 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.

Signature (duly authorised)

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                    |

Capacity

Understanding in terms of sections 64FA(1)(a)(ii), 64G(2)(a)(bb) or 64H(2)(a)(bb) of the Act I, the undersigned, undertake to forthwith inform the Withholding Agent in writing should the circumstances of the beneficial owner referred to in the declaration above change.

Signature (duly authorised)

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                    |

Capacity