

Resolution for authorised signatories

This form will only be accepted when submitted with a completed and signed initial investment form.

INVESTOR DETAILS:

Investor name

SA ID number / Passport number / Investor number

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).

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"/>	
Nationality	<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"/>
<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).

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 + (0)

Alternate telephone + (0)

Email address

Residential 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"/>

Designation

Specimen signature

Date
D D M M Y Y Y Y

Authority to act Solely 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).

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 + (0)

Alternate telephone + (0)

Email address

Residential address

Code

Postal address (if different)

Code

Designation

Specimen signature Date
D D M M Y Y Y Y

Authority to act Solely 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).

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"/>		
Nationality	<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	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> Code <input type="text"/>	Postal address (if different)	<input type="text"/> <input type="text"/> <input type="text"/> <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		