

Financial Service Provider Client Application Form: Corporate



Instructions

Please complete in block letters and mark with an "x" where applicable. All alterations must be initialed. Draw a line through sections which are not applicable to your account.

The "Agreement" is comprised of this client application form, where applicable, a FAIS approved mandate form (where providing discretionary investment management services) as well as any other disclosures and ancillary documentation. The Agreement (comprising of the documentation above) forms an agreement between the client identified in part 2, ("you" or "your") and FNB Stockbroking and Portfolio Management (Pty), a subsidiary of FirstRand Bank Limited, an Authorised user of the JSE Limited (Reg. no.1996/011732/07), hereinafter referred to as "FNB SPM". Any reference to the "parties" is reference to you and FNB SPM, collectively and any reference to a "party" is to either you or FNB SPM, respectively.

1. Financial Service Provider details

Please confirm the details of your appointed authorised financial service provider.	
Financial Service Provider name	
FSP number	
Advisor's name	
Telephone number	
FSP email	
All fees and charges (excluding the Advisor's fees and charges) relating to the investment account, shall be payable at the rate set out in the FNB SPM fee schedule found on our website shares.fnb.co.za .	

2. Entity details

Client type			
<input type="checkbox"/> Private Company	<input type="checkbox"/> Public Company	<input type="checkbox"/> Close Corporation	<input type="checkbox"/> Non-Profit Organisation
<input type="checkbox"/> Club/Unincorporated body of persons	<input type="checkbox"/> Stokvel	<input type="checkbox"/> Trust	<input type="checkbox"/> Other
If other, please specify	<input type="checkbox"/> Vesting	<input type="checkbox"/> Discretionary	
Trust type	<input type="checkbox"/> Registered SA company/CC	<input type="checkbox"/> Registered foreign company/CC	<input type="checkbox"/> SA trust <input type="checkbox"/> Foreign trust
Registration type			
Registered name			
Trading as name			
Registration/IT number	Date of registration		
Company Standard Industrial Classification Code (SIC)	Country of operations		
Country registered			
Nature of business			

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Relationship to FirstRand employee

If you are employed by the FirstRand Group, which division are you employed by?			
<input type="checkbox"/> RMB	<input type="checkbox"/> WesBank	<input type="checkbox"/> FNB	<input type="checkbox"/> Ashburton <input type="checkbox"/> FRCC
FirstRand employee number			
Are you related to an employee of the FirstRand Group?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
If YES please state the name of the employee		Please state the employee's ID number	
If you are related to an employee of FNB SPM, please tick the box which describes your relationship:			
<input type="checkbox"/> A person involved in a business or profit sharing relationship (including partners in an investment club) with the FNB SPM employee.			
<input type="checkbox"/> A Trust in terms of which the FNB SPM employee is a Trustee, founder and/or Beneficiary.			
<input type="checkbox"/> A company, close corporation, partnership or any other structure in terms of which the FNB SPM employee is an equity holder, director, member.			
<input type="checkbox"/> The FNB SPM employee is duly authorised person on the account.			
<input type="checkbox"/> Spouse or partner of the FNB SPM employee.			
<input type="checkbox"/> Minor child (including dependent child or stepchild) of the FNB SPM employee.			

Contact details

Work number		Cellphone number	
Email			
Physical address			
		Area code	
<i>Note: Any reference to 'you/your' shall refer to the client/legal entity making the application to open the account. As such all information required is in relation to the client/legal entity making the application to open the account.</i>			

3. Details of authorised representatives

Please note: FNB SPM requires Annexure A to be completed for each authorised signatory.

Authorised signatory 1

Full name			
RSA ID/Foreign passport no.		Expiry date	
Work number		Cellphone number	
Email			

Authorised signatory 2

Full name			
RSA ID/Foreign passport no.		Expiry date	
Work number		Cellphone number	
Email			



4. Tax and residency

Due to various legislative requirements, the South African Revenue Service ("SARS") requires FNB SPM to obtain your certified Foreign Account Tax Compliance Act ("FATCA") / Common Reporting Standard ("CRS") classification and to collect and report certain information about an account holder's tax residency status. If you (or the account holder on whose behalf you are completing the form) have a tax obligation or tax residence outside of South Africa, or fall into a reportable classification, FNB SPM is legally obliged to pass on the information in this form to SARS.

As a financial institution, FNB SPM is not allowed to give tax advice; if you have any questions about this section or providing your classification, 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 website (www.oecd.org), which may assist you in determining your tax residency and classification.

The cost of your investment is calculated using the weighted average cost method. Should you elect an alternative method, we advise that you contact your tax advisor in this regard. Note that we are obliged to report certain amounts earned in your account to SARS as part of our obligation under the Tax Administration Act 28 of 2011 ("TAA"). The information reported to SARS will be provided to you in the form of an annual tax certificate. Should you have any queries around the information contained in the certificate, please speak to your portfolio manager. Additionally, should you be unsure of how to use this information, please speak to your tax advisor.

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 incorrect withholding tax being applied.

Please note that in addition to your declared tax residency, for any foreign indicators documented in this application, you are required to declare whether you have a tax obligation in this jurisdiction by completing the tax table below for each foreign indicator.

Please be aware that reporting of joint accounts to regulatory authorities is not possible under the current regulatory reporting model. Should you wish to open an account with one or more beneficial owner of the assets held therein, please be aware that only one tax certificate will be issued in the name of one of the account holders. As a result any proof of joint ownership when filing your tax return(s) will have to be furnished by yourself.

<input type="checkbox"/> If you are resident in South Africa for tax purposes, please confirm by ticking this box	
Are you a registered taxpayer with SARS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please supply your tax registration number	
VAT registration number	
If you do not have a tax registration number, please provide a reason	

If you are a resident in South Africa for tax purposes the following default will be applied:

- Withholding Tax on Interest ("WTI") will not apply;
- Dividend Tax at 20%, unless the REIT exemption elected above applies.

Please provide a copy of SARS document as proof of your South African tax registration number.

<input type="checkbox"/> If you are not a resident in South-Africa for tax purposes, please confirm by ticking this box	
In which country are you a resident for tax purposes?	
Are you a registered taxpayer in this country?	<input type="checkbox"/> Yes <input type="checkbox"/> No
If yes, please supply your tax registration number	
If you have no place of tax residency, please supply the country in which your principal office is located	

Where you have provided FNB SPM with a US tax residency, please provide us with a completed W-9 form and your US tax identification number.

Where you have provided any US Indicators and have not confirmed US tax residency, please ensure you provide us with a completed W8BEN-E form.

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.

As a foreign tax resident, unless we receive the relevant exemption or reduced rate declaration from you, where applicable, we will apply the following defaults:

- Withholding Tax on Interest will be withheld at a rate of 15%; and
- Dividends Tax will be withheld on dividends received (including REIT dividends) at a rate of 20%.



Additional tax registrations:

In addition to the tax residency indicated above, please complete the below table for any other foreign country indicators you have not provided us with. Please also supply all countries in which you are a citizen/national and indicate whether you are a tax resident in that country.

Tax Identification Number (TIN)	Country	Are you considered a Citizen/ National in this country?	Are you currently a tax resident of this country?	Reason for not providing a TIN
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	
		<input type="checkbox"/> Yes <input type="checkbox"/> No	<input type="checkbox"/> Yes <input type="checkbox"/> No	

5. Financial Institutions

Please provide your status by ticking one of the following boxes:

- An Investment Entity that has appointed another FI in a fiduciary capacity to manage its investment activities or operations on a discretionary basis (please complete Annexure B for all Controlling Persons)
- Other Investment Entity
- Other FI (i.e. Depository Institution, Custodial Institution or Specified Insurance Company)

Please provide your Global Intermediary Identification Number (GIIN)	
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If you do not have a GIIN but are sponsored by another entity which has a GIIN, please provide the following:

Sponsor's GIIN	
Sponsor's name	

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

<input type="checkbox"/> Participating Foreign FI, which has applied for a GIIN and has not received a GIIN
<input type="checkbox"/> Exempt Beneficial Owner (e.g. International organisation)
<input type="checkbox"/> Certified Deemed Compliant Foreign FI (e.g. Investment advisor)
<input type="checkbox"/> Owner Documented Foreign FI
<input type="checkbox"/> Non-reporting Foreign FI (e.g. Trustee Documented Trust)
<input type="checkbox"/> Non-Participating Foreign FI
<input type="checkbox"/> Limited Foreign FI
<input type="checkbox"/> Other, please specify below (only tick if the entity type is contained within your local jurisdiction legislation where you are tax resident)
Other

Note: if no GIIN number is provided, the classification table should be completed. Alternatively, you may supply the applicable W-8/W-9 form found on the IRS website (www.irs.gov).



6. Non-financial entities

If you are not a FI, please complete this section to assist us in determining your status for FATCA and CRS purposes.

FATCA classification

If you already know your FATCA classification, please select the applicable box below. No other questions in this section will be relevant to you.

<input type="checkbox"/> Active Non-Financial Entity (NFE)	
<input type="checkbox"/> Passive NFE (please complete Annexure B for all Controlling Persons)	
<input type="checkbox"/> Exempt Beneficial Owner	
<input type="checkbox"/> Direct/Sponsored Direct Reporting NFE (please supply the relevant GIIN below)	
Direct/Sponsored NFE GIIN	

Trusts

If you are a trust and have not provided your FATCA classification above, please complete all the questions that follow in this section (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?	<input type="checkbox"/> Yes <input type="checkbox"/> 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	
<i>Note: By providing a controlling financial institution, with their GIIN, you are certifying that you are a Trustee-documented trust.</i>	

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:	
<input type="checkbox"/> Retirement Fund	<input type="checkbox"/> Central Bank <input type="checkbox"/> International Organisation
<input type="checkbox"/> Government or wholly government owned	<input type="checkbox"/> None of the above
<i>Note: by selecting one of the above, you confirm that you are an Exempt Beneficial Owner.</i>	
6. Are you a listed company on an established securities market?	
<input type="checkbox"/> Listed company	<input type="checkbox"/> Entity related to a listed entity <input type="checkbox"/> Unlisted entity (and not related to a listed entity)
7. Are you a non-profit organisation with a tax exemption certificate?	<input type="checkbox"/> Yes <input type="checkbox"/> No
8. Are you a treasury center or holding company of a non-financial group?	<input type="checkbox"/> Yes <input type="checkbox"/> 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.)?	<input type="checkbox"/> Yes <input type="checkbox"/> 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?	<input type="checkbox"/> Yes <input type="checkbox"/> No



11. Are you a Direct/Sponsored Direct Reporting NFE under FATCA?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 the GIIN provided will be verified.

Note: if you have selected "Listed company" or "entity related to a listed entity" in question 6 above, or you answered "YES" to any of the questions 7 to 10, you are certifying that you are an Active Non-Financial Entity. If the opposite is true, you are certifying that you are a Passive Non-Financial Entity and are therefore required to provide us with details on your controlling persons. Please complete Annexure B Controlling person details, at the end of this form.

Should you disagree with this assessment, please supply the correct FATCA classification at the beginning of this section or complete and submit the relevant IRS W-8 or W-9 form found on the IRS website (www.irs.gov).

7. Description of source of funds and wealth

Source of Funds

Please describe the purpose for opening this account (for example saving, investment, long term investment etc.):

This section requires you to describe the source of funds (source of funds describes the activity which has generated the funding of this account). Please note that we may request verification of your source of funds during or post our onboarding process.

Please indicate the source of funds that will be used to invest into your account:

<input type="checkbox"/> Sale of investment	<input type="checkbox"/> Bonus	<input type="checkbox"/> Salary	<input type="checkbox"/> Property sale
<input type="checkbox"/> Transfer from other service provider	<input type="checkbox"/> Assets of trust/investment company	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Other

If other, please specify

Please note: In certain circumstances we may request additional information.

Source of Wealth

This section requires you to describe the source of wealth (source of wealth describes the activities which have generated your total wealth as a whole). Please note that we may request verification of your source of wealth during or post our onboarding process.

<input type="checkbox"/> Sale of investment	<input type="checkbox"/> Bonus	<input type="checkbox"/> Salary	<input type="checkbox"/> Property sale
<input type="checkbox"/> Transfer from other service provider	<input type="checkbox"/> Assets of trust/investment company	<input type="checkbox"/> Inheritance	<input type="checkbox"/> Other

If other, please specify

8. Determining your residency status for Exchange Control purposes

We require additional information from you in order to assess whether you qualify as a non-resident in terms of exchange control regulations to operate a non-resident account.

In which country was the company/trust incorporated?	<input type="checkbox"/> South African <input type="checkbox"/> Foreign
Source of assets to be invested in the account	
Where foreign was selected, please specify source country	

Your application to open a non-resident account will be considered, amongst others, on the information which you provided above, and, if required, any additional information. You acknowledge that all such information is of material importance and directly relevant to the consideration of your application. You furthermore warrant that all information you supply, have supplied or will supply to us is truthful, accurate and correct in all material respects and that you are not aware of any other information which, should it become know to FNB SPM, would affect the consideration of you application in any way.



9. Client banking account details

The name of the bank account holder must be the same as the name of the FNB SPM account applicant. Please provide proof of your bank account details i.e. a bank statement certified by your bank, not older than 3 (three) months.

Account name			
Name of bank			
Branch code		Branch name	
Account name		Country	
Account no.			
Type of account	<input type="checkbox"/> Current	<input type="checkbox"/> Savings	

Please ensure that the account allows debits.

10. What mandate will FNB SPM have to manage your investments?

Please note that you are required to sign the FNB SPM Mandate should you select option 1 or 2.

Option 1: Fully Managed Portfolio

By choosing this option, you allow FNB SPM to manage the portfolio/s at their full discretion and they can make changes without your prior consent. This management will include, but is not limited to, voting on your behalf on any ballot or corporate action, re-balancing the portfolio/s, selecting and including instruments that the manager deems appropriate. Your portfolio will be managed according to a model portfolio, which aims to achieve a specific risk and return profile over a stated investment horizon.

Option 2: Managed Portfolio that is tailored to your investment restrictions or preferences

By choosing this option, you allow FNB SPM to manage the portfolio/s at their discretion, but taking into consideration any investment restrictions or preferences that you might have. You acknowledge that the instruments that make up the portfolio/s will differ from a model portfolio/s as mentioned in option 1 above. Because of these variances, the performance and inherit risk of the portfolio could be different from the model portfolio selected as the foundation for the construction of your portfolio. Once FNB SPM has considered your investment restrictions and preference they will construct and manage your portfolio/s accordingly. The management will include but is not limited to voting on your behalf on any ballot or corporate action, re-balancing the portfolio/s and selecting and including instruments that the manager deems appropriate.

How should restrictions or preferences be applied to your investments?

Pre-stated restrictions and preferences as per below Contact me before implementing a change

Please state any investment restrictions or preferences that the investment manager must adhere to:

Option 3: Self-Managed with Advice

By choosing this option, you acknowledge that FNB SPM does not have the authority to manage the portfolio/s on your behalf and that all decisions and actions remain the responsibility of the investor. However, FNB SPM may offer you advice and make recommendations on specific instruments. It is important to note that the advice provided by FNB SPM is limited as no other investments held by you is taken into consideration. It is therefore important for you to consider whether the advice is suitable to your particular circumstances, risk profile, financial situation, product experience and overall objectives. FNB SPM will not vote on any ballots and/or corporate actions. You should ensure that you understand the implications (tax and legal) when making decisions and before entering into any transactions.

Option 4: Self-Managed

By choosing this option, you acknowledge that FNB SPM does not have the authority to manage the portfolio/s on your behalf and that all decisions and actions are the responsibility of the client. FNB SPM will not give any advice and will provide you with safe custody and execution services only. You will be able to execute your orders by contacting our dealing desk or online via our website at shares.fnb.co.za. FNB SPM will not vote on any ballots and/or corporate actions on your behalf. Please ensure that you understand the implications (tax and legal) when making decisions and before entering into any transactions.



11. How do you want FNB SPM to manage the cash balance of your portfolio?

JSE Trustee Account (JSET) Money Market
 Please note that different interest rates are applicable depending on your selection.

12. What shares would you like to trade?

(only applicable to Self-Managed portfolios)

I wish to trade Local Shares.
 I wish to trade Global Shares.

13. Which product or model portfolio would you like to invest in?

A list of available local and global portfolios and/or solutions can be obtained from your Advisor.

Product or portfolio	Allocation (R)
	R
	R
	R
	R
	R

14. Do you wish to trade in accordance with Islamic Law?

Yes No

Please note that if you choose this option, FNB SPM will maintain your account in accordance with the mandate that you have chosen in clause 7 above, but in accordance with, and subject to, Islamic law.

FNB SPM has appointed and consulted with the FNB Shari’ah Advisory Committee (“SAC”). The SAC is entrusted with the responsibility of ensuring that the products offered by FNB SPM under this Agreement comply with Shari’ah, where a client has elected to trade in accordance with Islamic law.



15. How must FNB SPM handle corporate actions?

(not applicable to Managed portfolios)

15.1. Corporate actions for Local Shares

How must FNB SPM handle corporate actions options	<input type="checkbox"/> Client's instruction	<input type="checkbox"/> At FNB SPMs' discretion
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If you have elected the client instruction option above and FNB SPM does not receive your instruction by the required date, FNB SPM will apply its discretion.

15.2. Corporate actions for Global Shares

If you have elected to choose Global shares, FNB SPM will notify you of any elective corporate action. Thereafter you will be required to access your account and make an election. Failure to make an election will result in you receiving cash.

16. Global shares portfolio

If you have selected a global portfolio, you are able to open an account in one of three base currencies: GBP, EUR and USD. Please select the base currency you wish to open your account in.		
<input type="checkbox"/> GBP	<input type="checkbox"/> EUR	<input type="checkbox"/> USD
Value of investment	R	
Please select your option below to fund your account:		
<input type="checkbox"/> FNB SPM's offshore allowance		
This option allows you to transfer funds to our offshore trust account using FNB SPM's offshore allowance. Important restrictions apply.		
This offshore allowance is subject to an approval and authorisation process within the context of the limit of FNB SPM's offshore allowance. FNB SPM cannot guarantee successful approval to use this offshore allowance or the amount that you will be granted.		
Note: Should you wish to make use of FNB SPM's offshore allowance you will be issued with two separate account numbers as these accounts operate independently.		

17. Confirmation of investment management fees

Please refer to the FNB SPM fee schedule for a breakdown of annual fees charged.

No initial investment management fees will be charged. All annual fees exclude underlying product fees. All fees are exclusive of VAT. Fees are calculated on the market value of the portfolio.



18. Marketing consent

For the purpose of this Agreement and the terms and conditions, marketing consent in the "FirstRand Group" includes FirstRand Limited and:

- FirstRand Bank Limited (which includes First National Bank, RMB Private Bank, WesBank, MotoNova Finance and Rand Merchant Bank),
- FirstRand Investment Management Holding Limited (Ashburton),
- FirstRand Life Assurance Limited,
- Direct Axis SA (Pty) Ltd,
- MotoVantage (Pty) Limited,
- Each business unit, branch, representative office, connected companies and subsidiary companies,
- Associates, cessionaries, delegates or successors in title,
- Appointed third parties (like its authorised agents, advisors, partners and contractors).

Any reference to the FirstRand Group includes the employees of the FirstRand Group.

The FirstRand Group requests your consent so that we can inform you about our beneficial products and services. You may request us to stop marketing to you at any time. The FirstRand Privacy Policy is available at www.fnb.co.za and informs you as to how we use your information.

I agree that FNB SPM can communicate with and market products and services to me	<input type="checkbox"/> Yes	<input type="checkbox"/> No
I agree that the remainder of the FirstRand Group, including its approved partners can communicate with and market products and services to me where I have not already provided specific consent.	<input type="checkbox"/> Yes	<input type="checkbox"/> No

19. Your declarations

1. You hereby authorise FNB SPM to act in accordance with your instructions above subject to the terms and conditions of the Agreement and the applicable legislation.
2. You hereby confirm that all information provided has been done so voluntarily and of your own accord.
3. You confirm that should the information provided be incorrect, untrue or incomplete, you may be held personally liable for any penalties or criminal charges that may be imposed by the regulator due to information you provided.
4. You understand that FNB SPM operates a website (the "website") and if you make use of that website or the services available to you on it, you will be legally bound to the additional terms and conditions (which form part of the Agreement) applicable thereto. You understand that these terms and conditions apply to you in addition to the terms and conditions in this Agreement.
5. You agree to the fees, as set out in the Fee Schedule and terms and conditions attached hereto or available on the website. You understand that FNB SPM can change the fees and terms and conditions from time to time. Details of how and when we may change the fees and terms and conditions are contained in the terms and conditions which form part of this Agreement.
6. You confirm that the personal information which you have given to FNB SPM in this Agreement, is correct. You will immediately notify your Advisor and/or FNB SPM in writing if your personal information changes.
7. You hold no other citizenships and residencies for tax purposes other than those disclosed in this Agreement and will inform FNB SPM in writing of any change of this status within 30 (thirty) days.
8. You have been informed of the risks associated with investments. You understand and accept that this includes the risk of financial loss to you. Risks include, but are not limited to currency risk, market risk, interest risk, exchange rate risk and the default or insolvency on the part of any local and/or foreign custodians, banks or other financial institutions FNB SPM uses. You will not hold FNB SPM legally responsible for any loss you suffer or costs you incur because you took part in any local or foreign investment. A glossary of these risks can be found on shares.fnb.co.za.
9. You are aware that FNB SPM cannot guarantee a return on your investment.
10. If you have authorised FNB SPM to invest in foreign investments for you, you have been informed of the risks of foreign investments and that, where appropriate, you will be given copies of specific risk disclosure documents published from time to time for specific financial markets. You are responsible for acquainting yourself with such risks. You confirm that FNB SPM did not solicit your mandate to invest funds offshore - you gave FNB SPM this mandate voluntarily.
11. You warrant that no other person has any rights in any investments you deliver to FNB SPM under this Agreement. This includes any encumbrance. Should you wish to encumber your investments while FNB SPM holds them for you in safe custody, you will be required to provide us with certain documentation and approvals before we will give effect to such encumbrances.
12. You warrant that the funds you have invested with FNB SPM were obtained legitimately. You warrant that you did not obtain the funds, directly or indirectly, due to any unlawful activity as defined in the Prevention of Organised Crime Act, No. 121 of 1998, as amended, and the Financial Intelligence Centre Act, No. 38 of 2001 as amended. This includes, but is not limited to any contravention of the South African Exchange Control Regulations.
13. You understand that there are risks associated with sending instructions to FNB SPM via email. You agree to carry the risk of sending instructions to FNB SPM via email.
14. You voluntarily consent that FNB SPM, may process (collect, use or otherwise deal with) your information (including processing outside of the borders of South Africa) for the purposes of providing services and products in terms of this mandate, according to the terms and conditions on the website and requirements of the law.
15. You confirm that you have received, read and understood this Agreement. You further confirm that your signing this Agreement should also be taken to mean that you accept the terms and conditions attached hereto, as well as any ancillary documentation and disclosures.
16. If you have chosen to have this Agreement administered as a "Self-Managed Portfolio", you understand that under the JSE Rules (8.170) we may not receive cash deposits from our clients for more than R5 000. If you deposit more than R5 000 into our account, we will charge you a penalty fee as per the Fee Schedule. This will be in addition to charging you for the cash deposit fee our bank charges us. FNB SPM is subject to anti-money laundering legislation and we may therefore request that you give us information in writing which confirms the source of any funds deposited with us in cash.

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17. Information contained in this Agreement is not intended to constitute tax advice. Any aspect of the services under this Agreement which may be of a tax-related nature is an incidental or subordinate (i.e. a secondary/related/non-core) part of the services provided and you should seek tax advice from an independent tax practitioner before acting on any such aspect of the services. Any information provided herein is furthermore based on the information provided by you to FNB SPM. If certain information is withheld, omitted, incomplete or inaccurate this may affect the quality and accuracy of the services we provide. Furthermore, the service provided is based on our understanding of the information that you made available to us. FNB SPM or any other member or affiliate of the FirstRand Group of companies (the "FirstRand Group") shall not be liable for any loss, damages, claim, penalties or fine suffered by anyone who relies on or acts upon the services, whether the FirstRand Group acted negligently or not.
18. You will not hold FNB SPM responsible for any loss you suffer (whether direct and/or consequential) because of any actions it takes, with the exception of losses incurred as a result of FNB SPMs' gross negligence. For purposes of this clause FNB SPM includes its or its affiliates, officers, directors, and employees.

Signature

Date:

Name		Capacity	
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Annexure A: FICA Self-Certification Form



The authorised person of the entity applying for a product with FNB SPM hereby certifies that the individual who gets the biggest financial benefit from, or who owns or controls, this entity (i.e. shareholders/directors/UBO) is/are:

Name and surname	Address	Identity number If a non-resident, please provide your passport number	Shareholding (%)
			%
			%
			%
			%
			%
			%
			%
			%
			%
			%

Please provide us with a copy of the identity document/passport to us for the individuals named in the above table.

Annexure B: (FATCA/CRS) 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)	ID number
A			
B			
C			
D			
E			

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

Related party nature of person:			
<input type="checkbox"/> Stokvel	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Individual	<input type="checkbox"/> Sole proprietor		
Other (specify)			
Physical address			
Country		Area code	
Country of residence/operations		Country of birth	

Tax registrations/obligations:

Country	Tax Identification number	Reason for no tax registration number

Annexure B: (FATCA/CRS) Controlling Person Details



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

Related party nature of person:			
<input type="checkbox"/> Stokvel	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Individual	<input type="checkbox"/> Sole proprietor		
Other (specify)			
Physical address			
Country		Area code	
Country of residence/operations		Country of birth	

Tax registrations/obligations:

Country	Tax Identification number	Reason for no tax registration number

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

Related party nature of person:			
<input type="checkbox"/> Stokvel	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Individual	<input type="checkbox"/> Sole proprietor		
Other (specify)			
Physical address			
Country		Area code	
Country of residence/operations		Country of birth	

Tax registrations/obligations:

Country	Tax Identification number	Reason for no tax registration number

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

Related party nature of person:			
<input type="checkbox"/> Stokvel	<input type="checkbox"/> Trust	<input type="checkbox"/> Partnership	<input type="checkbox"/> Trust
<input type="checkbox"/> Individual	<input type="checkbox"/> Sole proprietor		
Other (specify)			
Physical address			
Country		Area code	
Country of residence/operations		Country of birth	

Annexure B: (FATCA/CRS) Controlling Person Details



Tax registrations/obligations:

Country	Tax Identification number	Reason for no tax registration number

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

Related party nature of person:

- Stokvel Trust Partnership Trust
 Individual Sole proprietor

Other (specify)			
Physical address			
Country		Area code	
Country of residence/operations		Country of birth	

Tax registrations/obligations:

Country	Tax Identification number	Reason for no tax registration number

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