

# 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 and/or an Investment Policy Statement (which may or may not be included in this form) 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 1, ("you" or "your") and FNB Stockbroking and Portfolio Management (Pty) Ltd, 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. Entity details

|  |   |
|--|---|
| Client type:   |   |
| <input type="checkbox"/> Private company                     | <input type="checkbox"/> Public company   |
| <input type="checkbox"/> Club/Unincorporated body of persons | <input type="checkbox"/> Stokvel  |
| <input type="checkbox"/> Close corporation                   | <input type="checkbox"/> Trust  |
| <input type="checkbox"/> Non-profit organisation             | <input type="checkbox"/> Other  |
| If other, please specify:                                    |   |
| Trust type   | <input type="checkbox"/> Vesting <input type="checkbox"/> Discretionary   |
| Registration 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 |
| 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   |   |

## 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.  |  |

# Client Application Form: Corporate



## Contact details

|  |               |
|--|---------------|
| Work no.   | Cellphone no. |
| Email:   |               |
| Physical address:  |               |
|  | Area code:    |
| <i>Note: Any reference to 'you/your' shall refer to the client making the application to open the account. As such all information required is in relation to the client making the application to open the account.</i> |               |

## 2. 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 no.                    | Cellphone no. |
| Email:                      |               |

### Authorised signatory 2

|                             |               |
|-----------------------------|---------------|
| Full name:                  |               |
| RSA ID/Foreign passport no. | Expiry date:  |
| Work no.                    | Cellphone no. |
| Email:                      |               |

## 3. 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](http://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 or the dealing desk. 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.

# Client Application Form: Corporate



|  |
|--|
| <input type="checkbox"/> <b>If you are resident in South Africa for tax purposes, please confirm by ticking this box</b> |
| 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"/> <b>If you are not a resident in South-Africa for tax purposes, please confirm by ticking this box</b> |
| 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/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 |                                |

# Client Application Form: Corporate



## 4. 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):

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:

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

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](http://www.irs.gov)).

## 5. 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.

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

# Client Application Form: Corporate



## 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:  |  |

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

## All entities (including trusts)

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

|   |   |
|---|---|
| 5. Are you a:   |   |
| <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 company <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 less 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 less 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](http://www.irs.gov)).

# Client Application Form: Corporate



## 6. 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 application process.

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

- Sale of investment       Bonus       Salary       Property sale
- Transfer from other service providers       Assets of trust/ investment company       Inheritance

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 application process.

- Sale of investment       Bonus       Salary       Property sale
- Transfer from other service providers       Assets of trust/ investment company       Inheritance

## 7. 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 nonresident account.

|   |
|---|
| Source of assets to be invested in the account: <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 provide 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, correct and complete in all material respects and that you are not aware of any other information which, should it become known to FNB SPM would affect the consideration of your application in any way.



# Client Application Form: Corporate



|                          |  |
|--------------------------|--|
| <input type="checkbox"/> | <b>Option 3: Self-Managed with Advice</b><br><br>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. If you do not communicate your election to FNB SPM by the election deadline date, the issuer default will apply. The election deadline date and issuer default will be noted on the notice pertaining to the corporate action. |
| <input type="checkbox"/> | <b>Option 4: Self-Managed</b><br><br>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. If you do not communicate your election to FNB SPM by the election deadline date, the issuer default will apply. The election deadline date and issuer default will be noted on the notice pertaining to the corporate action.  |

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

|   |                                       |
|---|---------------------------------------|
| <input type="checkbox"/> JSE Trustee Account (JSET)                                   | <input type="checkbox"/> Money Market |
| Please note that different interest rates are applicable depending on your selection. |                                       |

## 12. What shares would you like to trade?

|   |                               |
|---|-------------------------------|
| <i>(only applicable to Self-Managed portfolios)</i> |                               |
| <input type="checkbox"/>                            | I wish to trade Local Shares  |
| <input type="checkbox"/>                            | I wish to trade Global Shares |

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

|  |                             |
|--|-----------------------------|
| <input type="checkbox"/> Yes   | <input type="checkbox"/> 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. |                             |

## 14. 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 |
| Note: Should you wish to make use of the personal offshore allowance or FNB SPM's offshore allowance you will be issued with two separate account numbers as these accounts operate independently.     |   |                          |     |                          |     |
| In respect of corporate actions for global shares, you will be required to access your account on your profile and make an election. The issuer default will apply where you fail to make an election. |   |                          |     |                          |     |
| Value of investment: R   |   |                          |     |                          |     |
| Please select your option below to fund your account:  |   |                          |     |                          |     |
| <input type="checkbox"/>   | <b>FNB SPM's offshore allowance</b><br><br>This option allows you to transfer funds to our offshore trust account using FNB SPM's offshore allowance. Important restrictions apply.<br><br>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. |                          |     |                          |     |



# Client Application Form: Corporate



## 15. 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.

## 16. Your Information and Privacy

In this section:

“**Solutions**” means any banking, insurance, investment, telecommunications or other products, goods, services, benefits, policies, rentals and rewards you select with the FirstRand group of companies.

“**Investments/Investment Solutions/Investment Areas**” means investments/investment solutions/investment areas falling outside of FirstRand Bank Limited, but within the FirstRand Group.

### 16.1. Required Consents

\*If you have previously provided us with the below mentioned consents, please ignore this section; alternatively, if you would like to update the below mentioned consents, please log onto the FNBAApp and select “My Profile”.

#### 16.1.1. Product Suitability

I/we consent that the FirstRand Group (as defined in the FirstRand Group Customer Privacy Notice on our websites) may obtain and use my information from:

- A. Credit bureaus to: Conduct an assessment to determine my eligibility for and the appropriateness of the supply of this transact, telecommunication, invest, rental and/or other value-added solutions (whichever is applicable to this application).
- B. And third-party qualification data providers to: Conduct an assessment to determine my eligibility for and the appropriateness of the supply of this solution applied for.
- C. And may obtain, use and share information about me/us with the South African Fraud Prevention Services for financial crime detection, prevention and prosecution purposes or if the FirstRand Group reasonably believes that I have provided any false and / or misleading information and / or documents to it.

**By ticking the box I/we consent to the above**

I/we instruct FirstRand Bank Limited to release my information (including my contact details, demographic information, and transaction history on all my solutions) to the investment areas outside of FirstRand Bank Limited but within the FirstRand Group to:

- Conduct an assessment to determine my eligibility for and the appropriateness of the supply of this investment solution.

**By ticking the box I/we instruct the FirstRand Group accordingly**

Disclosure:

Please note that if you withhold or withdraw this consent, it will impact your application for or ongoing use of this solution. Refer to our FirstRand Group Customer Privacy Notice (available on our websites) for the process on how to withdraw this consent or contact us.

#### 16.1.2. Business Profile

I/We instruct the FirstRand Group (as defined in the FirstRand Group Customer Privacy Notice available on our websites) to obtain and use my/our information from credit bureaus to:

- Verify and update my personal profile information including contact details and turnover for insurance and investment solutions.

**By ticking the box I/we instruct the FirstRand Group accordingly**

# Client Application Form: Corporate



## 16.2. Marketing Consents

\*If you have previously provided us with the below mentioned marketing consents, please ignore this section; alternatively, if you would like to update the below mentioned marketing consents, or should you wish to opt out of direct marketing at any time please log onto the FNBAApp and select "My Profile".

### 16.2.1. Direct Marketing Consent

I/We give my/our consent to receive direct marketing by any electronic communications (including fax, email, SMS, MMS etc.) from the FirstRand Group (as defined in the FirstRand Group Customer Privacy Notice available on our websites) about non-financial solutions (like telecommunications, rental and value-added solutions).

**By ticking the box I/we consent to the above**

### 16.2.2. Customised Offers

I/We instruct the FirstRand Group (as defined in the FirstRand Group Customer Privacy Notice on our websites) to obtain and use my/our information:

A. From credit bureaus (including ongoing notifications regarding my credit applications) to:  
Conduct ongoing assessments to determine my eligibility for and the appropriateness of future offers for investment and insurance solutions.

**By ticking the box I/we instruct the FirstRand Group accordingly**

B. And from third-party qualification data providers to:  
Conduct ongoing assessments to determine my eligibility for and the appropriateness of future offers for all FirstRand Group solutions.

**By ticking the box I/we instruct the FirstRand Group accordingly**

I/we instruct FirstRand Bank Limited to release my information (including my contact details, demographic information and transaction history on all solutions held) to the insurance and investment areas within the FirstRand Group to conduct ongoing assessments to determine my eligibility for and the appropriateness of offers for any insurance or investment solutions.

**By ticking the box I/we instruct the FirstRand Group accordingly**

### 16.2.3. Subscription Services

I/we give my consent to receive Value added/educational information (e.g. market or investment related information)

**By ticking the box I/we consent to the above**

## 16.3 Processing Disclosure

I understand that the FirstRand Group (as defined in the FirstRand Group Customer Privacy Notice available on our websites) will process the personal information of the members, directors, shareholders and other related parties of the business (where applicable) as disclosed in the FirstRand Group Customer Privacy Notice. The Privacy Notice can be found on Our website ([www.firstrand.co.za](http://www.firstrand.co.za)).

## 17. Your declarations

1. You hereby authorise FNB SPM to manage your investments 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 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 .
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.

# Client Application Form: Corporate



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 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.
15. 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.
16. 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.
17. 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.

Authorised signature

Date \_\_\_\_\_

Name \_\_\_\_\_

Capacity \_\_\_\_\_

### FNB SPM contact details

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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:

| <b>Name and surname</b> | <b>Address</b> | <b>Identity number</b><br>If a non-resident, please provide your passport number | <b>Shareholding (%)</b> |
|-------------------------|----------------|--|-------------------------|
|                         |                |  | %                       |
|                         |                |  | %                       |
|                         |                |  | %                       |
|                         |                |  | %                       |
|                         |                |  | %                       |
|                         |                |  | %                       |
|                         |                |  | %                       |
|                         |                |  | %                       |
|                         |                |  | %                       |
|                         |                |  | %                       |

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<br>(e.g. trustee, director) | ID number |
|---------------------------|---------------------------|--|-----------|
| A                         |                           |  |           |
| B                         |                           |  |           |
| C                         |                           |  |           |
| D                         |                           |  |           |
| E                         |                           |  |           |

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

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.

- Stokvel                       Trust                       Partnership                       Trust  
 Individual                       Sole proprietor

|                                  |                   |
|----------------------------------|-------------------|
| Work no.                         |                   |
| 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:

- Stokvel                       Trust                       Partnership                       Trust  
 Individual                       Sole proprietor

|                                  |                   |
|----------------------------------|-------------------|
| Work no.                         |                   |
| 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:

- Stokvel                       Trust                       Partnership                       Trust  
 Individual                       Sole proprietor

|                                  |                   |
|----------------------------------|-------------------|
| Work no.                         |                   |
| 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 "D" in the table above, the following must be completed:

Related party nature of person:

- Stokvel                       Trust                       Partnership                       Trust  
 Individual                       Sole proprietor

|                                  |                   |
|----------------------------------|-------------------|
| Work no.                         |                   |
| 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 "E" in the table above, the following must be completed:

Related party nature of person:

- Stokvel                       Trust                       Partnership                       Trust  
 Individual                       Sole proprietor

|                                  |                   |
|----------------------------------|-------------------|
| Work no.                         |                   |
| 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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