ASHBURTON
INVESTMENTS

Unit Trust Application Form - Legal Entity

Ashburton Management Company RF (Proprietary) Ltd ("Ashburton") is the administrator of the Ashburton range of unit trusts, and is authorised to do so as a manager in terms of the Collective Investment Schemes Control Act (no 45. of 2002).

Instructions

1. Please complete all relevant sections of this application in order to process this investment.
2. Terms and conditions are available on our website at www.ashburtoninvestments.com or from our client service team on 0860 000 339. By signing this form you acknowledge that you have read and understood these and that you will be bound by such terms and conditions.
3. All valid instructions received before **2pm** on a business day will be processed on the same day and receive that day's closing price. If received after **2pm**, instructions will only be processed on the next business day for that day's closing price. For investments in the money market fund instructions must be received by **12am** on a business day to receive that day's closing price.
4. Documents required:
   a. Please refer to the Checklist available on our website for The Financial Intelligence Centre Amendment Act, No. 1 of 2017 (FICAA) documents required
   b. Banking details will be supplied once your application has been accepted. Once deposited, please provide proof of deposit
   c. Please provide proof of bank details
5. Please email this documentation to **ashburtoninstruct@investoradmin.co.za**.
6. Ashburton will only process this application when all required documents are received and the deposit reflects in the bank account specified at the end of this form.

The investor/financial services provider/representative hereby agrees to provide all documentation and information required in terms of FICAA, and understands that Ashburton is prohibited from processing any transaction on his/her behalf until all such documentation and information has been provided and Ashburton has satisfied itself that all requirements have been met.

In terms of the Foreign account tax compliance act (FATCA), we are obliged by law to ask for the information requested. You may decline the request to provide the information, however, should the requested information not be provided we advise that we will report the status of the account to the South African Revenue Service (SARS).

01. Investor details

Details of legal entity

New investor ☐ Existing investor ☐ (if existing Ashburton investor, supply investor ID and only complete fields marked with an asterisk*)

Investor ID

Registered name*

Registration number*

Trading as name

Country of incorporation / registration

Inception / registration date

Y Y Y Y M M D D

Registered address

Country

Area code

Operating address (if the same as above, please tick this box) ☐

Country

Area code

Postal address (if the same as registered address, please tick this box) ☐ (if the same as operating address, please tick this box) ☐

Country

Postal code

First name(s) and surname of contact person for entity

Email address (please provide your email address if you require web access, or if you prefer email communication)

Contact telephone number

Country dialling code (+)

Mobile number*

Country dialling code (+)

*At least one contact number must be supplied.

Business activity (Any expected future investments or disinvestments on this portfolio)

Type of entity

If you are a US legal entity, please complete the W9 form available on the IRS website www.irs.gov.

Public company ☐ Private company ☐ Closed corporation ☐ Partnership ☐ Trust ☐

Non-profit organisation ☐ Club/Unincorporated body of persons ☐ Stokvel ☐

Other (please specify)

What is the entity's primary activity?

Please provide the industrial sector in which the entity operates?

02. Financial institutions

If this entity is a Financial Institution (FI), please complete this section and provide the relevant IRS W-8 form.

Please provide the Account Holder's Status by ticking one of the following boxes:

☐ A. An Investment Entity that has appointed another Financial Institution in a fiduciary capacity to manage its investment activities or operations on a discretionary basis (Please supply details of managing financial institution below and complete "Appendix A: Controlling Persons")

Full Name of Managing Financial Institution

☐ B. Country of operation

☐ C. Other Investment Entity

☐ D. Other Financial Institutions (i.e. Depository Institution, Custodial Institution, or Specified Insurance Company)

Please provide the entity's Global Intermediary Identification Number (GIIN):

☐☐☐☐☐☐.☐☐☐☐☐☐.☐☐.☐☐☐

If the entity does not have a GIIN but is sponsored by another entity which has a GIIN, please provide the following:

Sponsor's GIIN:

☐☐☐☐☐☐.☐☐☐☐☐☐.☐☐.☐☐☐

Sponsor's Name:

Sponsor's country of operation:

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

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

Other:

If you do not know the entity's classification and have not provided a GIIN, please complete the relevant IRS W-8 form found on the IRS website www.irs.gov.

03. Non-financial entities

If the Entity is not a Financial Institution, please complete this section to assist us in determining the Entity's status for FATCA and CRS purposes.

Trusts
If you are a trust, please complete all the questions that follow (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? Yes ☐ 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: Retirement Fund ☐ Government or wholly government owned ☐ Central Bank ☐ International Organisation ☐

Note: *by selecting one of the above, you confirm that you are an Exempt Beneficial Owner*

6. Are you a listed company on an established securities market? Listed company ☐ Entity related to a listed entity ☐ Unlisted entity (and not related to a listed entity) ☐
7. Are you a Non-profit organisation with a tax exemption certificate? Yes ☐ No ☐
8. Are you a treasury center or holding company of a non-financial group? Yes ☐ 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.)? Yes ☐ 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? Yes ☐ No ☐

Note: *If "Listed Company" or "Entity related to a listed entity" in question 6. above is selected or you have answered "Yes" to any of the questions 7 or 8; or answered "No" to both 9 and 10; you are certifying that you are an Active NFE. If the opposite is true you are certifying that you are a Passive NFE. If you are a Passive NFE you are required to provide details of the necessary Controlling Persons by completing Appendix A (pages 12-15).*

11. Are you a Direct/Sponsored Direct Reporting NFE under FATCA? Yes ☐ No ☐

    If "Yes" please supply the relevant GIIIN 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 that the associated GIIN provided will be verified.*

Important note: *Should you disagree with this assessment, please complete and submit the relevant IRS W-8 or W-9 form found on the IRS website: www.irs.gov.*

04. Source of funds

Existing Ashburton account ☐ Sale of investments ☐ Bonus ☐ Savings/bank account ☐ Inheritance ☐ Salary ☐

Property sale ☐ Transfer from other financial services provider ☐ Loan ☐ Assets of trust/investment company ☐

Other (please specify)

What is the entity's primary source of income?

How did the entity derive its total wealth?

Please note that in certain circumstances we may request additional information.

If you are acting on behalf of the investor (eg legal guardian or person with power of attorney to act on behalf of the investor), please complete the Person Acting On Behalf Of Investor Form, found on our website and supply the required FICAA documentation.

05. Tax and residency

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 in the incorrect withholding tax being applied.

If the entity is registered in South Africa for tax purposes, please confirm by ticking this box ☐

South African Tax Identification Number (TIN)

VAT registration number (if applicable)

Reason for no TIN provided: Not registered ☐ Do not wish to disclose ☐

If the entity is registered in South Africa for tax purposes the following default will be applied:
- Withholding Tax on Interest will not apply;
- Dividends Tax at 20% will apply, (where applicable) unless you have provided us with the applicable Dividends Tax exemption declaration;
- Unless we receive the relevant Dividends Tax exemption declaration from you, distributions from Real Estate Investment Trusts ("REITs") will be taxed at a rate of 20% despite forming part of your taxable income.

Provided the declaration is in place, South African tax residents are exempt from Dividends Tax on distributions from REITs. We strongly recommend that you refer to Section 14 of this form and complete and sign the exemption declaration should it be applicable to you.

If the entity is not registered in South Africa for tax purposes, please confirm by ticking this box ☐

In which country are you registered for tax purposes?

Tax Identification Number (TIN)

Reason for no TIN provided: Not registered ☐ Not issued in this jurisdiction ☐ Do not wish to disclose ☐

As a foreign tax resident, unless we receive the relevant declaration from you, the following defaults will be applied:
- Withholding Tax on Interest at 15% (where applicable);
- Dividends Tax at 20% (where applicable); and
- Distributions from Real Estate Investment Trusts ("REITs") will be subject to withholding tax at 20%.

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.

* *(Please refer to the Statutory Limits Table on the Website for information for these limits.)*

Additional tax registrations:
Please indicate any other jurisdictions in which you are registered for tax:

Tax Identification Number (TIN)	Country	Reason for no TIN (tick the relevant column)		
		Not issued in jurisdiction	Not registered	Do not wish to disclose
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐
		☐	☐	☐

06. Bank details of investor

Please supply proof of bank details (a cancelled cheque; or relevant bank statement; or letter on bank's letterhead or with bank stamp). The bank account must be in the name of the investor (no 3rd party payments will be accepted).

Name of bank

Branch code

Branch name

Account name

Country

Account no.

Type of account

Current ☐ Savings ☐

All payments will be made electronically into the current or savings account of the registered investor only.

If you are an emigrant and have a blocked rand account please complete the Blocked Rand Investment Form available on our website.

07. Dividends tax

SARS will levy a withholding tax on dividends at a rate of 20% (or at a rate to be determined by SARS from time to time). If you are exempt please indicate this below and complete the Tax Exempt Declaration Form available on our website and submit it along with this application. Unless the declaration is submitted the default rate of 20% will apply.

Exempt from Dividends Tax ☐

08. Communication preferences

We send the following types of communications:

1. Notifications - to notify you when we have received an instruction from you regarding your investment.

Would you like to receive these notifications via:

Email ☐ or SMS ☐

No I would not like to receive notifications ☐

2. Transaction confirmations and statements - transaction confirmations are to notify you on completion of an instruction received on your account, confirming details of the completed instruction. Statements are sent quarterly.

Would you like to receive the transaction confirmations and statements via:

Email ☐

Please note: If no preference is selected and an email address is provided, the default method of communication will be email.

09. Online and transact access

Would you like to have online access to your portfolio? This online access will enable you to view your statements, correspondence and upload instructions.

Yes ☐ On acceptance of your application you will be granted access within two business days to the online services subject to the terms and conditions available on our website. Please ensure you have completed your mobile phone and email details accurately in Section 01.

No ☐

Please complete the table below for all persons requiring online access.

Title	Name of person representing legal entity	ID or passport number	Mobile number	Email address

Digital Authorised Signatories

The below section will allow the authorised signatories to digitally approve redemption instructions placed online.
At least two people are required and the digital approval process will be via SMS.
Please supply a copy of ID of all authorised signatories if not already provided in the FICA documents received.

Information table	Signatory A	Signatory A	Signatory B	Signatory B
Title				
Signatory Name & Surname				
Mobile Number				
Occupation				
Country of Citizenship				
Identity Number				
Country of Residence				
Country of Birth				
Physical Address				
Postal Address				
Email Address				

10. Payment details and bank debit authority

The minimum investment in the Ashburton range of funds is R5 000.00 per fund for a lump sum investment or R500.00 per fund for a recurring investment. Please refer to our product filter tool which is available on www.ashburtoninvestments.com.
Please select the relevant option:

a) Lump sum ☐

b) Recurring investment ☐

a) Lump sum

Investment amount R

If you are electing to phase-in your investment please complete this section:

Investments for phase-ins will be held in the Ashburton Money Market Fund and will be phased-in to your chosen investment portfolio on the 1st business day of the month. The minimum period for phase-ins is three months and maximum 24 months. If the phase-in instruction is received by the 20th of the month the first phase-in will take place the end of that same month. If selecting immediate phase-in please indicate the percentage required.

Immediate phase-in percentage % Number of phases after immediate phase-in, or total if no immediate phase-in

Payment method

Electronic funds transfer/direct deposit ☐ Once-off debit ☐

Banking details will be supplied once your application has been accepted.

Once off debits are restricted to a maximum of R1 000 000, only one debit of R1 000 000 will be processed in any 40 calendar day period. The alternative payment method for amounts exceeding R1 000 000 is an electronic funds transfer directly into our bank account. Ashburton will debit your account within two business days of receiving a valid and complete application and supporting documents or on the date specified below, whichever is the later.

Once off debit date Y Y Y Y M M D D

b) Recurring investment

Cut-off dates for submission of instructions is the 20th of the month for an investment on the 1st business day of the following month.

Recurring investment amount R

Your bank account is debited on the 1st business day of the month, and units are purchased that same business day.

First debit order date

Y Y Y Y M M 0 1

Annual escalation % %

Next increase date
(The date you select here will be your anniversary date going forward. If a date is not specified the default date will be the anniversary of this initial investment.)

Y Y Y Y M M 0 1

Debit order and once-off debit authority

Authorised amount R

Authorised amount in words

If the bank account for debit orders is different to the one specified in Section 02, please complete bank details for debit orders here.
Please supply proof of bank details (a cancelled cheque; or relevant bank statement; or letter on bank's letterhead or with bank stamp).

Name of bank

Branch code

Branch name

Account name

Country

Account no.

Type of account

Current ☐ Savings ☐

I hereby authorise Ashburton to draw direct debits against the bank account specified. Debit orders can only be processed from a South African bank account. Units bought with a debit order can only be redeemed after **40 days**. If the bank account holder is not the same as the investor (3rd party contribution) then the actual account holder must sign below as authority to debit their bank account and must provide full FICAA documentation as per the requirements listed in the Checklist available on our website. If the bank account holder is not the investor, he/she acknowledges that Ashburton does not make third party payments, in other words, payment will only be made to the investor unless in the event that the investor is a minor. Please note that the reference for the debit order on your bank account will be "Ashburton".

Signature of bank account holder

Date

Y Y Y Y M M D D

11. Investment details

For details of the Ashburton range of funds please visit our website at www.ashburtoninvestments.com.

Investment portfolio

Unit trust name	Lump sum amount	Recurring amount
Single manager funds		
Ashburton Balanced Fund		
Ashburton Core Plus Income Fund		
Ashburton Global Flexible Feeder Fund		
Ashburton Global Leaders ZAR Equity Feeder Fund		
Ashburton India Equity Opportunity Feeder Fund		
Ashburton Money Market Fund		
Ashburton Equity Fund		
Ashburton SA Income Fund		
Ashburton Targeted Return Fund		
Ashburton Stable Income Fund		
Ashburton Diversified Income Fund		
Ashburton Bond Fund		
Ashburton Property Fund		
Index tracking		
Ashburton GOVI Tracker Fund		
Total		

12. Income details

Distribution method
Please indicate how interest and dividends from your portfolio/s should be treated:

Automatically re-invested into this investment (default option) ☐

Automatically paid into the bank account stipulated in Section 02 ☐

Please note that all distributions below R100 will be re-invested automatically.

13. Regular disinvestment

Income amount per frequency

R

First income payment due

Y Y Y Y M M 2 5

Income frequency

Monthly ☐ Quarterly ☐ Half-yearly ☐ Annually ☐

If you would like to receive a regular disinvestment from your funds please complete the details below. Income from your investment will be paid on the 25th of the month, unless public holiday or weekend, in which case previous business day.

Please complete the table below to indicate which funds will be depleted for the regular disinvestment. Please ensure the percentage adds up to 100%.

Disinvestment allocation

Unit trust name	Amount per withdrawal
Single manager funds	
Ashburton Balanced Fund	
Ashburton Core Plus Income Fund	
Ashburton Global Flexible Feeder Fund	
Ashburton Money Market Fund	
Ashburton Global Leaders ZAR Equity Feeder Fund	
Ashburton India Equity Opportunity Feeder Fund	
Ashburton Equity Fund	
Ashburton SA Income Fund	
Ashburton Targeted Return Fund	
Ashburton Stable Income Fund	
Ashburton Diversified Income Fund	
Ashburton Bond Fund	
Ashburton Property Fund	
Index tracking	
Ashburton GOVI Tracker Fund	
Total	

14. Financial services provider details

I confirm that this advisor, as authorised representative of this financial services provider ("FSP"), is my appointed advisor;

Financial advisor name

Financial advisor code

FSP sales reference

FSP name

FSP ID

FSP telephone (office)

FSP mobile

FSP email

FSP address

Discretionary mandate declaration by investor

This section is only applicable if the FSP holds a Category II license with the Financial Sector Conduct Authority (FSCA), and is therefore an approved discretionary FSP, and if you have entered into a discretionary mandate with the FSP.

The paragraph below contains statements which are an acknowledgment of fact by the investor. The investor must read the paragraph below carefully and ensure that the statements are true and correct. The paragraph below also places various risks, liabilities, obligations and legal responsibilities on the investor. As a result of the paragraph below, the investor's rights and remedies against Ashburton and other persons will be limited if Ashburton accepts, acts or relies on information and instructions given by the FSP. Ashburton may also have claims and other rights against the investor.

I agree and understand that in terms of the mandate that I have entered into with the FSP, that the FSP may give Ashburton instructions directly and I hereby authorise Ashburton to accept such instructions on my behalf. I further understand that if this mandate between myself and the FSP is terminated, that it is my responsibility to inform Ashburton of this.

Investor signature

Date

Y Y Y Y M M D D

15. Confirmation of adviser fees

I agree to pay the following negotiated fees to my financial advisor on this and all future transactions until otherwise specified.
Please specify the percentage, excluding VAT.

Initial fee (max 3%, excluding VAT)

. %

Ongoing fee (max 1%, excluding VAT)

. %

16. Declaration by financial services provider ("FSP")

The FSP/representative, by appending his/her signature hereto, states and declares that he/she has read and understood the terms and conditions pertaining to this investment product; warrants that all statements given by him/her in the application form are true and correct in every respect and that such statements shall form the basis of the contract, which is to be entered into, between the investor and Ashburton, as well as the contract between the investor and the FSP/representative as regards the FSP/representative. All statements made, and details supplied by him/her on the investor's behalf, whether by his/her own hand or otherwise, are true and correct, and Ashburton is entitled to regard them as such for the purposes of considering the investor's application to invest in the account, as well as for the purposes of paying any fees to the FSP/representative; and has adhered to all the requirements of the FAIS Act and its applicable subordinate legislation and Codes of Conduct in the course of rendering financial services to the investor.

The FSP/representative further acknowledges that he/she is aware that the investor will be screened and profiled by Ashburton in terms of the Ashburton FICAA requirements, and may be required to submit additional documentation such as financial statements and asset and liability statements where the investor falls within a certain risk category as defined by Ashburton. The FSP/representative acknowledges that he/she has personally explained all the fees and commissions applicable to this investment to the investor.

I, the undersigned, declare that I have inspected all the investor's information at my disposal and warrant that it is true and correct. In the event that I find any evidence alluding to any US status, I shall advise the Ashburton in writing within 30 (thirty) days.

FSP/Financial advisor signature

Date

Y Y Y Y M M D D

17. Declaration by investor

By signing this application form, the investor declares that:

1. I warrant that all information and declarations provided by me in this application form and all other applicable documents to this investment are true and correct in every respect.
2. I have read, understood and agree to the terms and conditions available on www.ashburtoninvestments.com or from the client service team on 0860 000 339 and agree to be bound by such terms and conditions.
3. I have read and understood the portion relating to the processing of my personal information in the terms and conditions. Kindly refer to our Privacy Policy located on www.ashburtoninvestments.com for more information on our privacy practices.
4. I hereby confirm and consent as necessary that FirstRand Limited together with its affiliates and subsidiaries as defined in terms of the Companies Act 71 of 2008, may process (collect, use or otherwise deal with) my information (including processing of my personal information outside the borders of South Africa), which was voluntarily provided by myself, for the purposes of providing services and products, according to the Terms and Conditions and requirements of the law.
5. I confirm that Ashburton has not given me any advice in respect of the tax, legal, accounting, regulatory and/or financial consequences of investing in this investment applied for in terms of this application form.
6. I confirm that the money that I am investing in terms of this application form is not derived from the proceeds of any unlawful activities as defined and contemplated in POCA.
7. I fully understand the information and the risks that come with this investment and where I have a financial advisor, I confirm that the information on this investment product has been fully and adequately explained to me by my financial advisor.
8. I agree and understand that if I have elected not to have a financial advisor that Ashburton is unable to provide updates on legal changes or industry developments, and that Ashburton will not be monitoring my investment compared to my personal investment goals
9. I hereby confirm and warrant that the information provided is true and correct and I hold no other citizenships and residencies for tax purposes other than those disclosed above in this application form and will inform the administrator in writing of any change of this status within 30 (thirty) days of the change of the disclosed status.
10. I hereby confirm that in the event that I have renounced my US citizenship, I shall furnish Ashburton with the requisite declaration/evidence.
11. I hereby indemnify Ashburton against any liability for any loss or damage suffered by me as a result of inaccurate or incomplete information contained herein.

Signed at

Date

Y Y Y Y M M D D

Signature of investor (or duly authorised person/s where applicable)

Signature of legal guardian (if applicable)

18. 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.

18.1 Required Consents

If you have previously provided us with the below mentioned consents, please ignore this section; alternatively, if you would like to updat the below mentioned consents, please log onto the FNBApp and select "My Profile".

18.1.1 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/our information from:

A. **Credit bureaus** to:
   Conduct an assessment to determine my/our 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 t**hird-party qualification data providers** to:
   Conduct an assessment to determine my/our 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/we have provided any false and / or misleading information and / or documents to it.
   By ticking this box I/We consent to the above ☐

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

Conduct an assessment to determine my/our 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.*

18.1.2 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/our personal profile information including contact details and turnover for insurance and investment solutions.

By ticking the box I/We instruct the FirstRand Group accordingly ☐

18.2 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 FNBApp and select "My Profile".*

18.2.1 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 ☐

18.2.2 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/our credit applications) to:
   Conduct ongoing assessments to determine my/our 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/our 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/our information (including my/our 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/our eligibility for and the appropriateness of offers for any insurance or investment solutions.

By ticking the box I/We instruct the FirstRand Group accordingly ☐

18.2.3 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 ☐

18.3 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).

Appendix A: Beneficial owner and/or controlling persons

Please ensure that this Appendix is completed for all beneficial owners and/or 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.

Table

	Trust name	Name of entity controlled	Trust identification number	Percentage held (%)
a				
b				
c				

Table

	Full name	Relationship (e.g. trustee, beneficiary)	Identification number/Passport number if foreign national	Percentage held (%)
a				
b				
c				
d				
e				

In the case of a private and public non listed entities other than a trust, such term means persons in equivalent or similar positions.

Beneficial owner and/or controlling persons include:
1. Directors/Partners;
2. Shareholders;
3. Founder;
4. Senior managing official; and
5. Via other means.

Kindly provide the information below for all **shareholders who hold 5% or more shares or voting rights** in the company:

Table: Beneficial owners and/or controlling person who are natural persons

	Name	Surname	Identification number	Passport number if foreign national	Percentage held	Is the percentage held in shares or voting rights?	Identification or passport document attached
a							
b							
c							
d							
e							

Table: first-level shareholders who are entities/entities

	Registered name	Percentage held	Is the percentage held in shares or voting rights?	Who is the natural person who ultimately owns or controls this entry?		
				Name and Surname	Identification number	Passport number (if foreign national)
a						
b						
c						
d						
e						

Prominent influential persons

Do any of the incorporators/authorised individuals/beneficial owners or controllers hold a prominent influential position in society or performs a political function?

Yes ☐ No ☐

If yes, please provide the folloing information:

Name

Surname

Designation held in the entity

Please describe the role and/or political function held by this person

Source of wealth

In respect of "A" above, the following must be completed for controlling persons and ultimate beneficial owners:

Related party nature of person:

Individual ☐ Sole proprietor ☐ Partnership ☐ Trust ☐ Non-profit organisation ☐

Listed company ☐ Unlisted company ☐ Close corporation ☐ Retirement Fund ☐ Stokvel ☐

Government or wholly government owned entity ☐ International organisation ☐

Other (specify)

Physical Address

Country

Area Code

Country of residence/operations

Date of birth

Y Y Y Y M M D D

Country of birth/incorporation/organisation

Country of citizenship/s (for natural persons only)

Contact telephone number

Country dialling code (+)

Mobile number

Country dialling code (+)

Tax residencies/registrations/obligations

Country

Tax registration number

Country

Tax registration number

Country

Tax registration number

Country

Tax registration number

Should you be unable to provide a Tax Registration number, please indicate in the box(es) above with one of the following reasons:
- Not registered for Tax
- Tax registration number not issued in Jurisdiction
- Do not wish to disclose

In respect of "B" above, the following must be completed for controlling persons and ultimate beneficial owners:

Related party nature of person:

Individual ☐ Sole proprietor ☐ Partnership ☐ Trust ☐ Non-profit organisation ☐

Listed company ☐ Unlisted company ☐ Close corporation ☐ Retirement Fund ☐ Stokvel ☐

Government or wholly government owned entity ☐ International organisation ☐

Other (specify)

Physical Address

Country

Area Code

Country of residence/operations

Date of birth

Y Y Y Y M M D D

Country of birth/incorporation/organisation

Country of citizenship/s (for natural persons only)

Contact telephone number

Mobile number

Country dialling code (+)

Country dialling code (+)

Tax residencies/registrations/obligations

Country

Tax registration number

Country

Tax registration number

Country

Tax registration number

Country

Tax registration number

Should you be unable to provide a Tax Registration number, please indicate in the box(es) above with one of the following reasons:
- Not registered for Tax
- Tax registration number not issued in Jurisdiction
- Do not wish to disclose

In respect of "C" above, the following must be completed for controlling persons and ultimate beneficial owners:

Related party nature of person:

Individual ☐ Sole proprietor ☐ Partnership ☐ Trust ☐ Non-profit organisation ☐

Listed company ☐ Unlisted company ☐ Close corporation ☐ Retirement Fund ☐ Stokvel ☐

Government or wholly government owned entity ☐ International organisation ☐

Other (specify)

Physical Address

Country

Area Code

Country of residence/operations

Date of birth

Y Y Y Y M M D D

Country of birth/incorporation/organisation

Country of citizenship/s (for natural persons only)

Contact telephone number

Country dialling code (+)

Mobile number

Country dialling code (+)

Tax residencies/registrations/obligations

Country

Tax registration number

Country

Tax registration number

Country

Tax registration number

Country

Tax registration number

Should you be unable to provide a Tax Registration number, please indicate in the box(es) above with one of the following reasons:
- Not registered for Tax
- Tax registration number not issued in Jurisdiction
- Do not wish to disclose

In respect of "D" above, the following must be completed for controlling persons and ultimate beneficial owners:

Related party nature of person:

Individual ☐ Sole proprietor ☐ Partnership ☐ Trust ☐ Non-profit organisation ☐

Listed company ☐ Unlisted company ☐ Close corporation ☐ Retirement Fund ☐ Stokvel ☐

Government or wholly government owned entity ☐ International organisation ☐

Other (specify)

Physical Address

Country

Area Code

Country of residence/operations

Date of birth

Y Y Y Y M M D D

Country of birth/incorporation/organisation

Country of citizenship/s (for natural persons only)

Contact telephone number

Country dialling code (+)

Mobile number

Country dialling code (+)

Tax residencies/registrations/obligations

Country

Tax registration number

Country

Tax registration number

Country

Tax registration number

Country

Tax registration number

Should you be unable to provide a Tax Registration number, please indicate in the box(es) above with one of the following reasons:
- Not registered for Tax
- Tax registration number not issued in Jurisdiction
- Do not wish to disclose

In respect of "E" above, the following must be completed for controlling persons and ultimate beneficial owners:

Related party nature of person:

Individual ☐ Sole proprietor ☐ Partnership ☐ Trust ☐ Non-profit organisation ☐

Listed company ☐ Unlisted company ☐ Close corporation ☐ Retirement Fund ☐ Stokvel ☐

Government or wholly government owned entity ☐ International organisation ☐

Other (specify)

Physical Address

Country

Area Code

Country of residence/operations

Date of birth

Y Y Y Y M M D D

Country of birth/incorporation/organisation

Country of citizenship/s (for natural persons only)

Contact telephone number

Country dialling code (+)

Mobile number

Country dialling code (+)

Tax residencies/registrations/obligations

Country

Tax registration number

Country

Tax registration number

Country

Tax registration number

Country

Tax registration number

Should you be unable to provide a Tax Registration number, please indicate in the box(es) above with one of the following reasons:
- Not registered for Tax
- Tax registration number not issued in Jurisdiction
- Do not wish to disclose