

Annexure A: Beneficial Owner and Related Party Form Collective Investments (Unit Trusts)

The Financial Intelligence Centre Act No. 38 of 2001 (FICA) requires us to identify the Investor, their Beneficial Owners/Controlling Persons and other representatives and to verify their identities.

Definitions:

Beneficial owner/Key Controller (this includes beneficiaries of a trust): These are natural persons who ultimately control or have ultimate effective control over the legal entity or derive economic benefit from it.

Controlling Person: Exercises control over the entity, such as directors or executives, executors or trustees.

Signatory: Binds a person/ entity to the terms of an agreement. This includes Authorised signatories nominated to act of behalf of the Legal Entity.

Power of attorney: Has authorisation to represent or act on behalf of a person/ entity

DETAILS OF RELATIONSHIP

RELATIONSHIP WITH INVESTOR/ENTITY *	<input type="checkbox"/> BENEFICIAL OWNER/ KEY CONTROLLER	<input type="checkbox"/> CONTROLLING PERSON	<input type="checkbox"/> SIGNATORY	<input type="checkbox"/> POWER OF ATTORNEY
NAME OF INVESTOR/ ENTITY *	<input type="text"/>			

* Compulsory fields

RELATED PARTY DETAILS - COMPLETE THIS SECTION ONLY IF RELATED PARTY IS A LEGAL ENTITY

ENTITY NAME*	<input type="text"/>																				
REGISTRATION NUMBER*	<input type="text"/>																				
DATE OF REGISTRATION*	<table border="1"> <tr> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td>-</td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> <td><input type="text"/></td> </tr> <tr> <td>D</td> <td>D</td> <td></td> <td>M</td> <td>M</td> <td></td> <td>Y</td> <td>Y</td> <td>Y</td> <td>Y</td> </tr> </table>	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	D	D		M	M		Y	Y	Y	Y
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CONTACT NUMBER*	<input type="text"/>																				
COUNTRY OF OPERATION*	<input type="text"/>																				
COUNTRY OF REGISTRATION*	<input type="text"/>																				

* Compulsory fields

FATCA/CRS SELF-CERTIFICATION DECLARATION FOR A LEGAL ENTITY

The government of South Africa has entered into agreements under which it has agreed to the automatic exchange of information with other countries. These agreements are aimed at improving tax compliance between the countries over financial assets held by investors within their boundaries. As a result of these agreements, South Africa has introduced tax laws which require that we collect information about each investor's tax residency and tax classification. We are also required to report the tax information we have collected together with the investor's investment account(s) information to the South African Revenue Services (SARS).

What this means for you as a client is that STANLIB is obliged to provide SARS with certain information you provide to STANLIB when you invest or transact with us. SARS, in turn, may pass the information to other tax authorities outside South Africa as required by the agreements the government has entered into. STANLIB may, in complying with its reporting obligations to SARS, make use of the services of other companies in its group of companies in collating, interpreting, storing and forwarding of your information to SARS.

The information in this self-certification form is not tax advice. We recommend that you consult a professional tax or legal advisor for specific tax or legal advice.

Each Controlling person needs to complete an individual self-certification form found on the following weblink:[FATCA/CRS Self-Certification Declaration For an Individual\(UT\)](#)

TAX INFORMATION *

As part of STANLIB's obligation to comply with the U.S. Foreign Account Tax Compliance Act (FATCA), we require you to provide us with your tax information where applicable and will keep a record of such information. We will only disclose this information to the relevant tax authorities if and when required as per FATCA regulation.

TAX INFORMATION FOR U.S. LEGAL ENTITY *

IS THE LEGAL ENTITY A CITIZEN OR NATIONAL, OR RESIDENT FOR TAX PURPOSES IN THE U.S. YES NO

If you have selected 'YES', please submit the applicable United States of America Internal Revenue Services (IRS) forms and complete the Tax Identification Number below for the Legal Entity.

TAX IDENTIFICATION NUMBER:



If you have selected 'NO', you are not required to submit any IRS forms.

TAX INFORMATION FOR NON U.S LEGAL ENTITY *

IS THE LEGAL ENTITY A CITIZEN OR NATIONAL OR RESIDENT IN ANY OTHER COUNTRY FOR TAX PURPOSES

 YES

 NO

Please indicate all countries (including South Africa) in which you are resident for tax purposes and the associated tax identification numbers in the table below. By ticking 'No' you confirm that you are unable to provide the required Tax Information on the table below.

Country(ies) of Tax Residency *	Tax Identification Number *
1.	
2.	
3.	

*Compulsory Section

RELATED PARTY DETAILS - COMPLETE THIS SECTION ONLY IF RELATED PARTY IS AN INDIVIDUAL

TITLE * NAME/S *

SURNAME * ID/PASSPORT NUMBER *

MAIDEN NAME PASSPORT EXPIRY DATE * - -
D D M M Y Y Y Y

DATE OF BIRTH * - -
D D M M Y Y Y Y GENDER FEMALE MALE

MARITAL STATUS * SINGLE MARRIED

CELLPHONE (DIALING CODE) * - TELEPHONE (DIALING CODE) -

EMAIL ADDRESS *

COUNTRY OF PRIMARY RESIDENCE*

COUNTRIES OF CITIZENSHIP*

COUNTRY OF BIRTH*

* Compulsory fields

* FATCA/CRS SELF-CERTIFICATION DECLARATION FOR INDIVIDUALS *

As part of STANLIB's obligation to comply with the U.S Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and the Automatic Exchange of Information reporting (AEOI) we require you to provide us with your tax information. This tax information will be kept on record and will be disclosed to the relevant tax authorities as and when required as per the FATCA and CRS regulations. **The information contained under this section is not tax advice. We recommend that you consult a professional tax or legal advisor for specific tax or legal advice.**

- Failure to complete all fields in this section will result in a delay in your application being processed

TAX INFORMATION FOR U.S CITIZENS *

ARE YOU A US CITIZEN ? NO YES If 'YES', please complete an individual IRS W-9 form for Tax identification and Certification found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

TAX INFORMATION FOR NON U.S CITIZENS *

*ARE YOU REGISTERED FOR TAX IN SOUTH AFRICA?
 • By ticking 'No' you confirm that you are not registered for Tax
 • If you are registered or not registered for taxation in South Africa, we still require confirmation of country(ies) of tax residency on the table below.

NO YES TAX IDENTIFICATION NUMBER

*ARE YOU REGISTERED FOR TAX IN THE US ? NO YES TAX IDENTIFICATION NUMBER

*ARE YOU A REGISTERED TAX PAYER IN ANY OTHER COUNTRY? NO YES

- **TAX RESIDENCY:** Please list all countries, including South Africa ,in which you are considered a RESIDENT for TAXATION purposes, and provide the associated Tax Identification Numbers in the table below,
- By ticking 'Not applicable' on the table below, you confirm that the country specified does not issue Tax Identification Numbers.

Country(ies) of Tax Residency *	Tax Identification Number *	Not Applicable
1.		<input type="checkbox"/>



Country(ies) of Tax Residency *	Tax Identification Number *	Not Applicable
2.		<input type="checkbox"/>

***Compulsory Section**

PHYSICAL ADDRESS

COMPLEX/UNIT/ NUMBER		COMPLEX NAME	
STREET NUMBER		STREET NAME*	
SUBURB*		CITY*	
COUNTRY*		POSTAL CODE*	

***Compulsory fields**

INVESTOR DECLARATION

1. I/We acknowledge that I/We provide consent to STANLIB to collect, process, store, disclose and share my Personal Information for the purpose of servicing my investment.
2. I/We agree to provide all documentation and information requested in this document and further required by law and consent to STANLIB processing my information for the purposes stipulated within the Terms and Conditions.
3. I/We confirm that all information provided herein is true and correct and that I/We have read and understood the contents of this form.
4. By signing this form, the client consents to STANLIB processing their personal information in accordance with the terms and conditions.
5. I/We acknowledge and accept that the information contained in this form and information about the Account Holder may be provided to SARS. Further, that SARS may also exchange the information with the tax authorities of another country or countries in which the Account Holder may be tax resident.

If the information you have provided in this form changes in future, please submit a new form within 30 days. If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

SIGNATURE OF CLIENT / AUTHORISED SIGNATORY *		DATE	<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			-			-					D	D		M	M		Y	Y	Y	Y
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SIGNATURE OF FINANCIAL ADVISER		DATE	<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			-			-					D	D		M	M		Y	Y	Y	Y
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