

CLIENT'S PHYSICAL ADDRESS

COMPLEX / UNIT / HOUSE NUMBER *	<input type="text"/>
COMPLEX NAME / ESTATE *	<input type="text"/>
STREET NUMBER *	<input type="text"/>
STREET NAME / FARM NAME / AREA NAME *	<input type="text"/>
SUBURB / DISTRICT *	<input type="text"/>
CITY / TOWN *	<input type="text"/>
COUNTRY *	<input type="text"/> CODE * <input type="text"/>

* Note that this is a compulsory field.

CLIENT'S POSTAL ADDRESS

<input type="checkbox"/>	SAME AS PHYSICAL ADDRESS
PO BOX NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>
PRIVATE BAG NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>
POSTNET SUITE NUMBER	<input type="text"/>
PRIVATE BAG NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>

PART C: EXEMPTION

This part is to be completed by the person entitled to the benefit of the interest. Please indicate the reason why the beneficial owner is exempt from the Withholding Tax on Interest:

Ai	Section 50D(3)(a) - Foreign (natural) person physically present in SA for more than 183 days in aggregate during the 12 months prior to the payment
Bi	Section 50D(3)(b) - Debt claim connected with a permanent establishment in the Republic of South Africa (and the foreign person is registered as a taxpayer in SA)
Ci	Exempt / Not taxable in terms of Double Taxation Agreement
Di	Exempt / Not taxable in terms of another International Agreement
Ei	Other / Not able to distinguish to applicable exemption code Note: choosing this option could trigger an audit case

If you have selected Exemption Reason Ei in the table above, please specify the details in the space provided below.



DECLARATION IN TERMS OF SECTIONS 50D OR 50E(2) OF THE ACT:

I (full names in print please), the undersigned hereby

declare that the foreign person referred to in Part B to or for the benefit of which the interest is paid is exempt from the withholding tax on interest in terms of section 50D(3) of the Act, or otherwise, as indicated above.

THE DATE FROM WHICH THIS DECLARATION IS EFFECTIVE

- -
D D M M Y Y Y Y

SIGNATURE (DULY AUTHORISED TO DO SO)

DATE - -
D D M M Y Y Y Y

CAPACITY OF SIGNATORY (IF NOT THE BENEFICIAL OWNER)

UNDERTAKING IN TERMS OF SECTIONS 50D OR 50E(2) OF THE ACT:

I (full names in print please), the undersigned

undertake to forthwith inform the Withholding Agent in writing should the circumstances of the beneficial owner referred to in the declaration above change.

SIGNATURE (DULY AUTHORISED TO DO SO)

DATE - -
D D M M Y Y Y Y

CAPACITY OF SIGNATORY (IF NOT THE BENEFICIAL OWNER)

