

4. Employee details

Client number	01	Contract number	
Title	MR	Surname	GROBLER
Preferred name	STEFAN	Gender	Male <input checked="" type="checkbox"/> Female <input type="checkbox"/>
Full names (As on RSA identity document/ passport/driving licence)			
Identity/Passport number	0904215729081		
Issue date of passport		Expiry date of passport	
Country of issue	RSA		
Nationality	ZA (ZA if South Africa)	Country of birth	ZA (ZA if South Africa)
Citizenship	ZA (ZA if South Africa)	If you hold dual citizenship, give the other country code	
Date of birth	21042009	Email address (Compulsory)	stefan.grobler7@gmail.com
Cell phone number	076 159 1727	Language preference	English <input type="checkbox"/> Afrikaans <input checked="" type="checkbox"/>
SARS tax number			
Physical address	PLOT 10, ZILKAATSNEK, DE WILDT		Postal code 0251 Country code ZA
Postal address	N.A.		Postal code Country code
Are you currently insolvent?*	Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	If "yes", date of insolvency*	
*If you are insolvent, please provide letters of appointment and consent from the curator.			

Nature of business, source of funds and influential persons

What is the nature of your business that provides the money you use to sustain yourself from day to day? You may have more than one source of income or wealth. We may request proof of your source of wealth, if needed. Please refer to the industry list in section 8.1 of this form.

Employed ☒ Nature of business Source of funds

The Financial Intelligence Centre Act (FICA) requires that we know if you are an influential person as explained in the Act. Read the explanations in section 8.2 of this form, indicate which explanations apply to you (if any) and give your reason.

Beneficiary details

If you want to nominate more beneficiaries, please complete a *Beneficiary form* (SERVICE007). Their full names and dates of birth are compulsory.*

Full names of beneficiary*	ID/Passport/Registration no.	Date of birth*	Relationship	Dependant	Cell phone no.	Email address	% share
HERMIEN GROBLER	826110016083	11/10/1982	Mother	Yes <input checked="" type="checkbox"/> No <input type="checkbox"/>	072 474 0511	hermieng82@gmail.com	100 %
		DD/MM/YYYY		Yes <input type="checkbox"/> No <input type="checkbox"/>			%

Replacement of insurance

Does this application replace the whole or any part of your existing insurance with any insurer (whether the replacement is to occur immediately or to replace insurance that you discontinued in the past four months, or that you will discontinue in the next four months)? Yes ☐ No ☒

*If "yes", your financial adviser must discuss the facts with you, complete and sign the *Replacement Policy Advice Record* (INVEST0009) and send it to us with this application form. Both you and your adviser must sign the advice record.

Information of contract(s) that is/are being replaced Insurer(s) Contract number(s)

Marketing consent

I give consent to receive direct marketing of Momentum products or services, other than my existing products and services by means of electronic communication through email, SMS or WhatsApp. I can opt out through momentum.co.za after logging into my profile, or I can call the Investo Client Contact Centre. Yes ☐ No ☒

Declaration

I acknowledge that I have read and understood Momentum's valid quotation and signed it, and also read and understood the declaration (section 3) and the terms and conditions attached to this application form and agree to be bound thereby. I specifically authorise my employer to set certain standard features for my investment, including advice fees and commission; and (where contribution growth is not specified) adjusting my yearly contribution growth in line with my actual salary increase; and to do anything required to give effect to this application.

Mandate

We apply a level 2 mandate by default to the servicing financial adviser. If you want to change this, please submit a signed *Mandate form* (SERVICE038) with this application.

Signature of employee  Signed at ZILKAATSNEK Date 19062025