## STOCKBROKING

# SCHEDULE PARTNERSHIPS (ASSOCIATED CLIENT)



		ALL INFORMATION FIELDS DELO			500 071150		-n	—
		ALL INFORMATION FIELDS BELO INCOMPLETE OR MISSING INFORM						
1.	DETAILS OF THE PRIMARY CLIENT							
PRIMARY CLIENT NAME								
	PRIMARY CLIE	NT TRUST / REGISTRATION NUMBE	:R					
2. ASSOCIATION WITH THE PRIMARY CLIENT (Please tick all applicable options)								
	WHERE THE PRIMARY CLIENT IS A:		ASSC	CIATION:				
	COMPANY			☐ Authorised to act on behalf of the company as per the resolution ☐ Shareholder holding more than 25 % of the voting rights				
	TRUST		☐ Founder / Settlor ☐ Trustee ☐ Beneficiary name d in the Trust Deed ☐ Authorised to act on behalf of the primary client as per the					
	PARTNERSHIP	/ CLOSE CORPORATION		□ Partner / Member □ Authorised to act on behalf of the primary client as per the resolution				
3.		SHIP TYPE  ERSHIP A PROFESSIONAL PARTNEF  E PROVIDE THE FOLLOWING INFOR		□ YES		□ NO		
TYPE OF PROFESSIONAL PARTNERSHIP								
-		L BODY UNDER WHICH THE IS REGISTERED						
4.	NAME OF PART	SHIP DETAILS  THE OF BUSINESS  ECTIVE MANAGEMENT <sup>1</sup>						
_								
	IS THE TRADIN	RESS OF PARTNERSHIP  G ADDRESS AN IN CARE OF ADDRI		□ YES		□ NO		
	IF YES, PLEASI	E SUPPLY THE IN CARE OF NAME B	BELOW					
	Unit number			Complex name	e.			
	Street number			Street/farm				_
	Oli eet Hullibel			Juccilann				

	urb				City/town							
Post	al code				Country <sup>1</sup>							
CON	CONTACT DETAILS											
CON	TACT PER	SON										
НОМ	IE TELEPH	HONE			FAX							
WOR	RK TELEPH	ONE			CELL PHONE NUMBER							
EMA	IL											
(This i	information		of Sout	th African tax legislatio	n and is compulsory)  ABILITIES OR TAX RESIDENC	CIES OUTS	IDE OF					
SOU	JTH AFRICA	4?			OUNTRIES WHERE THE PAR			☐ Yes	□ No			
		S OR TAX RESIDE			JUNIRIES WHERE THE PAR	INERSHIP	HAS IA.	X OBLIGATI	ONS,			
	DENTIFICA	F TAX RESIDENCE / TAX ATION NUMBER (TIN) ISSUANCE  IF UNABLE TO PROVIDE A TIN, PLEASE						ROVIDE A F	REASON			
1												
2												
3												
4												
5												
				ED WITH THE PARTNE	ERSHIP HAVE TAX OBLIGATI	ONS, TAX		□ Yes	□ No			
	HE PARTNI		REGIS	STERED OR HAS A P	LACE OF EFFECTIVE MANAGE	GEMENT IN	I THE	□ Yes	□ No			
ARE	ARE ANY OF THE PERSONS ASSOCIATED WITH PARTNERSHIP US PERSONS?						□ Yes	□ No				
DOE	DOES THE PARTNERSHIP HAVE TAX OBLIGATIONS IN THE UNITED STATES?						☐ Yes	□ No				
IF YE	IF YES IS SELECTED FOR ANY OF THE QUESTIONS ABOVE, PLEASE PROVIDE A COMPLETED IRS W9-BEN							N-E FORM.				
ARE THERE ANY OTHER US INDICATORS IN THIS FORM IN FIELDS DENOTED WITH A 1 (ADDRESS, IN CARE OF ADDRESS ETC.)												
	E OF ADDI	RESS ETC.)		IF YES, PLEASE PROVIDE A COMPLETED IRS W8-BEN-E FORM.								

AN INVESTMENT ENTITY THAT IS NOT RESIDENT IN A PARTICIPATING JURISDICTION AND MANAGED BY ANOTHER FINANCIAL INSTITUTION.	□ Yes	□ No
OTHER INVESTMENT ENTITY	□ Yes	□ No
A DEPOSITORY INSTITUTION, CUSTODIAL INSTITUTION OR SPECIFIED INSURANCE COMPANY	□ Yes	□ No
IF YES, PLEASE PROVIDE THE PARTNERSHIP'S GLOBAL INTERMEDIARY IDENTIFICATION NUMBER (GIIN)		
IF THE PARTNERSHIP DOES NOT NEED TO OBTAIN A GIIN, PLEASE ADVISE THE PARTNERSHIP'S THE APPROPRIATE BOX BELOW	FATCA STATU	IS BY MARKING
CERTIFIED DEEMED COMPLIANT FI - IS AN FI THAT IS NOT REQUIRED TO REGISTER WITH THE IRS AND CERTIFIES ITS STATUS BY PROVIDING A WITHHOLDING AGENT WITH A VALID IRS W-8BEN-E FORM. E.G. NON-REGISTERED LOCAL BANKS, FIS WITH ONLY LOW-VALUE ACCOUNTS AND FI WITH LOCAL CLIENT BASE ONLY.		
EXEMPT BENEFICIAL OWNER (E.G. CERTAIN RETIREMENT FUNDS AND PENSION FUNDS).		
OWNER DOCUMENTED FI - IS AN FI THAT HAS A NUMBER OF REQUIREMENTS TO MEET THIS CLASSIFICATION TYPE. THE MAIN ONE BEING, THAT THE FI IS GENERALLY REQUIRED TO SUBMIT TO ITS DESIGNATED WITHHOLDING AGENT ALL DUE DILIGENCE DOCUMENTATION REQUIRED BY SARS, WHICH THE WITHHOLDING AGENT WOULD THEN REPORT TO SARS.		
NON-REPORTING FI - IS AN FI THAT IS NOT REQUIRED TO IDENTIFY, MAINTAIN OR REPORT INFORMATION ABOUT REPORTABLE PERSONS E.G. INVESTMENT ADVISOR		
PARTICIPATING FINANCIAL INSTITUTION (FI), WHICH HAS APPLIED FOR A GIIN BUT HAS NOT YET RECEIVED A GIIN.		
LIMITED FI - IS AN FI THAT DUE TO LOCAL LAW RESTRICTIONS CANNOT COMPLY WITH THE TERMS OF AN FFI AGREEMENT.		
OTHER (PLEASE SPECIFY)		

## **SECTION 2**

If the partnership is not a financial institution, please confirm the following:

IS THE PARTNERSHIP REL TRADED ON AN ESTABLIS	□ Yes	□ No		
IF YES, PLEASE PROVIDE THE NAME OF THE ENTITY AS WELL AS THE NAME OF THE STOCK EXCHANGE				
NAME OF RELATED ENTITY				
NAME OF STOCK EXCHANGE				
IS THE PARTNERSHIP A GOVERNMENTAL ENTITY?			□ No	
ACTIVE NFE – AN ENTITY	THAT IS LIQUIDATING OR REORGANISING	□ Yes	□ No	
ACTIVE NFE – A TREASURY CENTRE OR HOLDING COMPANY OF A NON-FINANCIAL GROUP			□ No	
DIRECT REPORTING NFE (PLEASE SUPPLY THE RELEVANT GIIN BELOW)			□ No	
DIRECT REPORT				
NOTE: IF DIRECT REPORTING NFE IS A SPONSORED DIRECT REPORTING NFE PLEASE PROVIDE THE NAME OF SPONSORING ENTITY AND GIIN				
NAME OF SPONSORING ENTITY:				
GIIN OF SPONSO				
IS THE PARTNERSHIP A NON-PROFIT ENTITY THAT IS REGISTERED AS A PUBLIC BENEFIT ORGANISATION (PBO) WITH THE SOUTH AFRICAN REVENUE SERVICE (SARS)?			□ No	
IF YES, PLEASE PROVIDE THE PBO NUMBER ISSUED BY SARS				
ARE MORE THAN 50% OF I.E. more than 50% of the particular stock and shares or the stock and shares or	□ Yes	□ No		

### 7. PARTIES ASSOCIATED TO THE PARTNERSHIP

The following parties associated to the primary client are required to complete information schedules according to the associate party type and provide the necessary documents required for the verification of the information provided:

ASSOCIATED PARTY TYPE	SCHEDULE TO BE COMPLETED
EACH INDIVIDUAL WHO:  Is a partner of the partnership  Is a beneficial owner of the partnership  Exercises control over the partnership, including but not limited to:  Persons authorised to act on behalf of the partnership  Where any of the above are juristic persons, individuals associated to that entity	SCHEDULE FOR INDIVIDUALS (ASSOCIATED PARTIES)

### 8. DECLARATIONS AND SIGNATURE

I, the undersigned, being duly authorised to act on of the abovementioned partnership:

- (i) certify that the information provided on this from is, to the best of my knowledge, correct and complete.
- (ii) undertake to inform Nedgroup Private Wealth Stockbrokers (Pty) Ltd. within 30 days of any change to the information supplied in this document as well as provide any documentation that may be necessary to verify such change in terms of legislative requirements.
- (iii) undertake to advise Nedgroup Private Wealth Stockbrokers (Pty) Ltd. within 30 days of any change in circumstances that affect the partnership's tax residency/ies or US status.
- (iv) understand that the information contained in this from may be provided to the South African Revenue Service and exchanged with tax authorities of other countries in terms of South African tax legislation.
- (v) Hereby give consent to NPWS to process the partnership's personal information in relation to the primary client's application for Services from NPWS, subject to Nedbank's privacy policy and within the parameters of applicable laws. The processing will include without limitation profile building, that can assist NPWS and Nedbank to appropriately allocate a product or service offering that is suited to the primary client's needs. This consent will also extend to NPWS processing the partnership's personal information as they may deem fit and/or for a legitimate interest.
- (vi) Give NPWS the right to:
  - 1) Collect the partnership's personal information from third parties when reasonably necessary and/or if it is impracticable to collect the data directly from me.
  - 2) Process the partnership's personal information for purposes of complying with any legislative or regulatory requirements.
  - 3) Transfer and/or process the partnership's personal information outside the Republic of South Africa, where necessary, on condition that such transfer and/or processing is subject to applicable laws, binding corporate rules or any binding agreement.
- (vii) Acknowledge that I have the right to:
  - 1) Request confirmation from NPWS, free of charge, on whether or not they hold personal information for the partnership.
  - 2) Request the record or a description of the partnership's personal information held by NPWS.
  - 3) Request information about all third parties who have, or have had, access to the partnership's personal information.
  - 4) Correct or delete the partnership's personal information.
  - 5) Withdraw my consent at any time by providing notice to NPWS.
  - 6) Object to the partnership's personal information being held by NPWS.
  - 7) Lay a complaint with the Information Regulator regarding the partnership's personal information in terms of the Protection of Personal Information Act at:

Address: JD House, 27 Stiemens Street, Braamfontein, Johannesburg, 2001

Web: https://www.justice.gov.za/inforeg/index.html

Email: complaints.IR@justice.gov.za

NAME		
CAPACITY OF SIGNATORY	DATE (DD/MM/YYYY)	
SIGNATURE (DULY AUTHORISED)		