

STOCKBROKING

SCHEDULE FOR TRUST (ASSOCIATED PARTY)



ALL INFORMATION FIELDS BELOW ARE MANDATORY UNLESS OTHERWISE SPECIFIED.
INCOMPLETE OR MISSING INFORMATION COULD DELAY THE OPENING OF THE ACCOUNT.

1. DETAILS OF THE PRIMARY CLIENT

PRIMARY CLIENT NAME	
PRIMARY CLIENT TRUST / REGISTRATION NUMBER	

2. ASSOCIATION WITH THE PRIMARY CLIENT

(Please tick all applicable options)

WHERE THE PRIMARY CLIENT IS A:	ASSOCIATION:
COMPANY	<input type="checkbox"/> Authorised to act on behalf of the company as per the resolution <input type="checkbox"/> Shareholder
TRUST	<input type="checkbox"/> Founder / Settlor / Donor <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary named in the Trust Deed <input type="checkbox"/> Person authorised to act as per the resolution
PARTNERSHIP / CLOSED CORPORATION	<input type="checkbox"/> Partner / Member <input type="checkbox"/> Person authorised to act as per the resolution

3. ASSOCIATE PARTY SUB-TYPE

- ☐ Inter Vivos Trust – created in South Africa
- ☐ Inter Vivos Trust – created outside of South Africa
- ☐ Testamentary Trust – created in South Africa
- ☐ Testamentary Trust – created outside of South Africa

4. TRUST DETAILS

NAME OF THE TRUST	
TRUST NUMBER	
COUNTRY OF REGISTRATION / CREATION ¹	
INDUSTRY / NATURE OF BUSINESS	
PLACE OF EFFECTIVE MANAGEMENT ¹	

ADDRESS OF THE MASTER OF THE HIGH COURT WHERE SA TRUST IS REGISTERED / REGISTERED ADDRESS FOR FOREIGN TRUST			
Unit number		Complex name	
Street number		Street/farm	
Suburb		City/town	
Postal code		Country ¹	

POSTAL ADDRESS FOR THE TRUST			
IS THE POSTAL ADDRESS AN IN CARE OF ADDRESS? (IF YES, PLEASE COMPLETE IN CARE OF NAME BELOW)			<input type="checkbox"/> Yes <input type="checkbox"/> No
IN CARE OF NAME (IF APPLICABLE)			
Unit number		Complex name	
Street number		Street/farm	
Suburb		City/town	
Postal code		Country ¹	
CONTACT DETAILS			
CONTACT PERSON			
HOME TELEPHONE		FAX	
WORK TELEPHONE		CELL PHONE NUMBER	
EMAIL			

5. TAX RESIDENCY DECLARATION

(This information is required in terms of South African tax legislation and is compulsory)

DOES THE TRUST HAVE TAX OBLIGATIONS, TAX LIABILITIES OR TAX RESIDENCIES OUTSIDE OF SOUTH AFRICA?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
If yes, please complete the table below for all countries where the trust has tax obligations, tax liabilities or tax residencies.			
COUNTRY OF TAX RESIDENCE / TAX IDENTIFICATION NUMBER (TIN)	TIN NUMBER	IF UNABLE TO PROVIDE A TIN, PLEASE PROVIDE A REASON	
1			
2			
3			
4			
5			

DO ANY OF THE PERSONS ASSOCIATED WITH THE TRUST HAVE TAX OBLIGATIONS, TAX LIABILITIES OR TAX RESIDENCIES OUTSIDE OF SOUTH AFRICA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IS THE TRUST REGISTERED, CREATED OR HAS A PLACE OF EFFECTIVE MANAGEMENT IN THE UNITED STATES?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOES A UNITED STATES COURT HAVE JURISDICTION OVER THE TRUST?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ARE ANY OF THE PERSONS ASSOCIATED WITH TRUST US PERSONS?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DOES THE TRUST HAVE TAX OBLIGATIONS IN THE UNITED STATES?	<input type="checkbox"/> Yes <input type="checkbox"/> No
DO ANY OF THE PERSONS ASSOCIATED WITH THE TRUST HAVE TAX OBLIGATIONS, TAX LIABILITIES OR TAX RESIDENCIES OUTSIDE OF SOUTH AFRICA?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES IS SELECTED FOR ANY OF THE QUESTIONS ABOVE, PLEASE PROVIDE A COMPLETED IRS W9 FORM.	
ARE THERE ANY OTHER US INDICATORS IN THIS FORM IN FIELDS DENOTED WITH A ¹ (ADDRESS, IN CARE OF ADDRESS ETC.)	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, PLEASE PROVIDE A COMPLETED IRS W-8BEN-E FORM.	

6. ENTITY CLASSIFICATION

If the trust is a financial institution i.e. a depository, custodial institution or an investment entity, professional trustee or insurance company that offers financial accounts to its clients, please complete Section 1.

If the trust is a non-financial entity, please complete Section 2.

SECTION 1

IS THE TRUST A FINANCIAL INSTITUTION IN A FATCA PARTNER JURISDICTION OR A PARTICIPATING FOREIGN FINANCIAL INSTITUTION?	<input type="checkbox"/> Yes <input type="checkbox"/> No
AN INVESTMENT ENTITY THAT IS NOT RESIDENT IN A PARTICIPATING JURISDICTION AND MANAGED BY ANOTHER FINANCIAL INSTITUTION.	<input type="checkbox"/> Yes <input type="checkbox"/> No
OTHER INVESTMENT ENTITY	<input type="checkbox"/> Yes <input type="checkbox"/> No
A DEPOSITORY INSTITUTION, CUSTODIAL INSTITUTION OR SPECIFIED INSURANCE COMPANY	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, PLEASE PROVIDE THE TRUST'S GLOBAL INTERMEDIARY IDENTIFICATION NUMBER (GIIN)	
IF THE TRUST DOES NOT NEED TO OBTAIN A GIN, PLEASE ADVISE THE TRUST'S FATCA STATUS BY MARKING THE APPROPRIATE BOX BELOW	
TRUSTEE DOCUMENTED TRUST – A FINANCIAL INSTITUTION BEEN APPOINTED IN A FIDUCIARY CAPACITY TO CARRY OUT THE DAY TO DAY FUNCTIONS OF THE TRUST AND THEREFORE THE TRUST CAN BE SEEN TO BE PROFESSIONALLY MANAGED BY ANOTHER FINANCIAL INSTITUTION	<input type="checkbox"/>
NAME OF THE MANAGING FINANCIAL INSTITUTION/SPONSOR'S NAME:	
GIIN OF THE MANAGING FINANCIAL INSTITUTION/SPONSOR:	
COUNTRY OF OPERATION OF MANAGING FINANCIAL INSTITUTION:	
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.	<input type="checkbox"/>
EXEMPT BENEFICIAL OWNER (E.G. CERTAIN RETIREMENT FUNDS AND PENSION FUNDS).	<input type="checkbox"/>
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.	<input type="checkbox"/>
NON-REPORTING FI - IS AN FI THAT IS NOT REQUIRED TO IDENTIFY, MAINTAIN OR REPORT INFORMATION ABOUT REPORTABLE PERSONS E.G. INVESTMENT ADVISOR	<input type="checkbox"/>
PARTICIPATING FINANCIAL INSTITUTION (FI), WHICH HAS APPLIED FOR A GIIN BUT HAS NOT YET RECEIVED A GIIN.	<input type="checkbox"/>
LIMITED FI - IS AN FI THAT DUE TO LOCAL LAW RESTRICTIONS CANNOT COMPLY WITH THE TERMS OF AN FFI AGREEMENT.	<input type="checkbox"/>
NON-PARTICIPATING FINANCIAL INSTITUTION	<input type="checkbox"/>
OTHER (PLEASE SPECIFY)	<input type="checkbox"/>

SECTION 2

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

IS THE TRUST RELATED TO ANOTHER ENTITY WHOSE SHARES ARE REGULARLY TRADED ON AN ESTABLISHED STOCK EXCHANGE?	<input type="checkbox"/> Yes <input type="checkbox"/> 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 TRUST A GOVERNMENTAL ENTITY?	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTIVE NFE – AN INTERNATIONAL ORGANISATION(EG THE EUROPEAN UNION, THE WORLD HEALTH ORGANISATION OR NATO)	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTIVE NFE – AN ENTITY THAT IS LIQUIDATING OR REORGANISING	<input type="checkbox"/> Yes <input type="checkbox"/> No
ACTIVE NFE – A TREASURY CENTRE OR HOLDING COMPANY OF A NON-FINANCIAL GROUP	<input type="checkbox"/> Yes <input type="checkbox"/> No

DIRECT REPORTING NFE (PLEASE SUPPLY THE RELEVANT GIIN BELOW)	<input type="checkbox"/> Yes <input type="checkbox"/> No
DIRECT REPORTING NFE GIIN:	
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 SPONSORING ENTITY:	
IS THE TRUST A NON-PROFIT ENTITY THAT IS REGISTERED AS A PUBLIC BENEFIT ORGANISATION (PBO) WITH THE SOUTH AFRICAN REVENUE SERVICE (SARS)?	<input type="checkbox"/> Yes <input type="checkbox"/> No
IF YES, PLEASE PROVIDE THE PBO NUMBER ISSUED BY SARS	
ARE MORE THAN 50% OF THE TRUST'S GROSS INCOME AND ASSETS PASSIVE? I.E. MORE THAN 50% OF THE TRUST'S GROSS INCOME IS GENERATED BY INVESTMENT ACTIVITIES SUCH AS HOLDING STOCK AND SHARES OR OVER 50% OF THE TRUST'S BALANCE SHEET ASSETS ARE INVESTMENT ASSETS.	<input type="checkbox"/> Yes <input type="checkbox"/> No

7. PARTIES ASSOCIATED TO THE TRUST

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

ASSOCIATED PARTY TYPE	SCHEDULE TO BE COMPLETED
<p>Each individual who is:</p> <ul style="list-style-type: none"> • A trustee • A founder or settlor or donor • A beneficiary referred to by name in the trust deed or other founding instrument • Authorised to act on behalf of the trust <p>Where any of the above are juristic persons, each individual associated with that entity.</p>	SCHEDULE FOR INDIVIDUALS (ASSOCIATE PARTIES)

8. DECLARATIONS AND SIGNATURE

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

- (i) certify that the information provided on this form is, to the best of my knowledge, correct and complete.
- (ii) undertake to inform Nedgroup Private Wealth Stockbrokers (Pty) Ltd. (NPWS) 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 trust's tax residency/ies or US status.
- (iv) understand that the information contained in this form 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 trust'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 trust's personal information as they may deem fit and/or for a legitimate interest.
- (vi) Give NPWS the right to:
 - 1) Collect the trust'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 trust's personal information for purposes of complying with any legislative or regulatory requirements.
 - 3) Transfer and/or process the trust'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 trust.
 - 2) Request the record or a description of the trust's personal information held by NPWS.
 - 3) Request information about all third parties who have, or have had, access to the trust's personal information.
 - 4) Correct or delete the trust's personal information.
 - 5) Withdraw my consent at any time by providing notice to NPWS.
 - 6) Object to the trust's personal information being held by NPWS.
 - 7) Lay a complaint with the Information Regulator regarding the trust'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)			