

# STOCKBROKING

## SCHEDULE FOR CLOSE CORPORATION (PRIMARY CLIENT)

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

### 1. CLIENT DETAILS

REGISTERED NAME	
NAME UNDER WHICH BUSINESS IS CONDUCTED I.E. TRADING NAME (IF APPLICABLE)	
REGISTRATION NUMBER	
INDUSTRY / NATURE OF BUSINESS	
PRIMARY TRADE AREA <sup>1</sup>	
DESCRIPTION OF BUSINESS OPERATIONS	
PLACE OF EFFECTIVE MANAGEMENT <sup>1</sup>	
VAT NUMBER (IF APPLICABLE)	

<b>REGISTERED ADDRESS</b>			
Unit number		Complex name	
Street number		Street/farm	
Suburb		City/town	
Postal code		Country <sup>1</sup>	
<b>TRADING ADDRESS</b> (If the Close Corporation operates from multiple addresses, the address of the office establishing the relationship or the head office address)			
TRADING ADDRESS SAME AS REGISTERED ADDRESS ABOVE?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
IS THE TRADING 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 <sup>1</sup>	
<b>POSTAL ADDRESS</b>			
POSTAL ADDRESS SAME AS TRADING ADDRESS ABOVE?		<input type="checkbox"/> Yes <input type="checkbox"/> No	

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			
Address line 1		Address line 2	
Address line 3		Address line 4	
Postal code		Country <sup>1</sup>	

CONTACT DETAILS			
CONTACT PERSON			
HOME TELEPHONE		FAX	
WORK TELEPHONE		CELL PHONE NUMBER	
EMAIL			

## 2. BANK ACCOUNT DETAILS

ACCOUNT HOLDER	
BANK	
BRANCH	
BRANCH NUMBER (IBT NO)	
ACCOUNT NUMBER	
TYPE OF ACCOUNT	

## 3. PURPOSE AND FUNDING OF THE ACCOUNT

(This information is required in terms of the Financial Intelligence Centre Act as amended, and is compulsory)

INVESTING IN (Please select all applicable options)	WITH THE OBJECTIVE OF (please select one of the three options)	EXPECTED INVESTMENT TIMEFRAME (please select one of the three options)	EXPECTED INVESTMENT ACTIVITY (please select one of the three options)
<input type="checkbox"/> South African equity Investments	<input type="checkbox"/> Long term growth and capital preservation	<input type="checkbox"/> Short term (less than 1 year)	<input type="checkbox"/> Low (less than 50 trades in a 12-month period)
	<input type="checkbox"/> Speculative trading and capitalising on market opportunities	<input type="checkbox"/> Medium term (between 1 and 3 years)	<input type="checkbox"/> Medium (between 50 and 100 trades in a 12-month period)
	<input type="checkbox"/> Hedging	<input type="checkbox"/> Long term (more than 3 years)	<input type="checkbox"/> High (more than 100 trades in a 12-month period)
<input type="checkbox"/> Offshore equity investments	<input type="checkbox"/> Long term growth and capital preservation	<input type="checkbox"/> Short term (less than 1 year)	<input type="checkbox"/> Low (less than 50 trades in a 12-month period)
	<input type="checkbox"/> Speculative trading and capitalising on market opportunities	<input type="checkbox"/> Medium term (between 1 and 3 years)	<input type="checkbox"/> Medium (between 50 and 100 trades in a 12-month period)
	<input type="checkbox"/> Hedging	<input type="checkbox"/> Long term (more than 3 years)	<input type="checkbox"/> High (more than 100 trades in a 12-month period)
<input type="checkbox"/> Derivative instruments	<input type="checkbox"/> Long term growth and capital preservation	<input type="checkbox"/> Short term (less than 1 year)	<input type="checkbox"/> Low (less than 50 trades in a 12-month period)
	<input type="checkbox"/> Speculative trading and capitalising on market opportunities	<input type="checkbox"/> Medium term (between 1 and 3 years)	<input type="checkbox"/> Medium (between 50 and 100 trades in a 12-month period)
	<input type="checkbox"/> Hedging	<input type="checkbox"/> Long term (more than 3 years)	<input type="checkbox"/> High (more than 100 trades in a 12-month period)

EXPECTED NUMBER OF DEPOSITS PER ANNUM	<input type="checkbox"/> 0 – 12 <input type="checkbox"/> 13 – 50 <input type="checkbox"/> More than 51	EXPECTED VALUE OF DEPOSITS PER ANNUM	<input type="checkbox"/> Less than R1 million <input type="checkbox"/> R1 million – R10 million <input type="checkbox"/> More than R10 million
EXPECTED NUMBER OF WITHDRAWALS PER ANNUM	<input type="checkbox"/> 0 – 12 <input type="checkbox"/> 13 – 50 <input type="checkbox"/> More than 51	EXPECTED VALUE OF WITHDRAWALS PER ANNUM	<input type="checkbox"/> Less than R1 million <input type="checkbox"/> R1 million – R10 million <input type="checkbox"/> More than R10 million

SOURCE OF THE FUNDS THAT WILL BE USED TO TRANSACT

EXPECTED MONTHLY TURNOVER	R
SOURCE OF ADDITIONAL FUNDS	
AMOUNT	R
ARE INTERNATIONAL TRANSACTIONS EXPECTED?	

SOURCE OF WEALTH (SOURCE OF CLIENT'S TOTAL NET WORTH):

(Please select all applicable options)

MATURING INVESTMENTS OR ENCASHMENT CLAIMS	<input type="checkbox"/>
SALE OF SHARES	<input type="checkbox"/>
SALE OF PROPERTY	<input type="checkbox"/>
COMPANY SALE OR SALE OF INTEREST IN A COMPANY	<input type="checkbox"/>
LOAN	<input type="checkbox"/>
GIFT OR DONATION	<input type="checkbox"/>
OTHER SOURCES OF WEALTH (PLEASE SPECIFY)	

#### 4. TAX RESIDENCY DECLARATION

SOUTH AFRICAN TAX NUMBER			
DOES THE CLOSE CORPORATION 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 CLOSE CORPORATION HAS TAX OBLIGATIONS, TAX LIABILITIES OR TAX RESIDENCIES.			
COUNTRY OF TAX RESIDENCE / TAX IDENTIFICATION NUMBER (TIN) ISSUANCE	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 CLOSE CORPORATION HAVE TAX OBLIGATIONS, TAX LIABILITIES OR TAX RESIDENCIES OUTSIDE OF SOUTH AFRICA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IS THE CLOSE CORPORATION REGISTERED, CREATED OR HAS A PLACE OF EFFECTIVE MANAGEMENT IN THE UNITED STATES?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ARE ANY OF THE PERSONS ASSOCIATED WITH CLOSE CORPORATION US PERSONS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DOES THE CLOSE CORPORATION HAVE TAX OBLIGATIONS IN THE UNITED STATES?	<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 * (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.		

## 5. ENTITY CLASSIFICATION

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

### SECTION 1

IS THE CLOSE CORPORATION: 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 CLOSE CORPORATION'S GLOBAL INTERMEDIARY IDENTIFICATION NUMBER (GIIN)		
IF THE CLOSE CORPORATION DOES NOT NEED TO OBTAIN A GIIN, PLEASE ADVISE THE CLOSE CORPORATION'S FATCA STATUS BY MARKING THE APPROPRIATE BOX BELOW		
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"/>	
OTHER (PLEASE SPECIFY)		

### SECTION 2

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

IS THE CLOSE CORPORATION 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 CLOSE CORPORATION A GOVERNMENTAL ENTITY?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
ACTIVE NFE – A CENTRAL BANK	<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:	
<b>NOTE: IF DIRECT REPORTING NFE IS A SPONSORED DIRECT REPORTING NFE PLEASE PROVIDE THE NAME OF SPONSORING ENTITY AND GIIN</b>	
NAME OF SPONSORING ENTITY:	
GIIN OF SPONSORING ENTITY:	
IS THE CLOSE CORPORATION 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 CLOSE CORPORATION'S GROSS INCOME AND ASSETS PASSIVE? I.E. more than 50% of the close corporation's gross income is generated by investment activities such as holding stock and shares or over 50% of the close corporation's balance sheet assets are investment assets.	<input type="checkbox"/> Yes <input type="checkbox"/> No

## 6. COMMUNICATION AND MARKETING

- ☐ Yes ☐ No I would like Nedbank to inform me of new Nedbank products and special offers
- ☐ Yes ☐ No I would like Nedbank to present exclusive offers from other organisations to me
- ☐ Yes ☐ No Nedbank may request reputable research organisations to contact me
- My preferred method of communication is as follows:
- ☐ Email ☐ SMS ☐ Direct Mail ☐ Telephone ☐ All
- ☐ Yes ☐ No Nedbank may use a method of communication other than that preferred by me as well as my personal information to market its products to me, including electronic marketing and telesales, until I give an instruction to the contrary.

## 7. PARTIES ASSOCIATED TO THE CLOSE CORPORATION

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: <ul style="list-style-type: none"> <li>Is a member of the close corporation</li> <li>Exercises control over the close corporation, including but not limited to:               <ul style="list-style-type: none"> <li>Persons authorised to act on behalf of the close corporation</li> </ul> </li> </ul>	SCHEDULE FOR INDIVIDUALS (ASSOCIATED PARTIES)
EACH COMPANY THAT: <ul style="list-style-type: none"> <li>Is a member of the close corporation</li> <li>Exercises control over the close corporation, including companies that are authorised to act on behalf of the close corporation</li> </ul>	SCHEDULE FOR COMPANIES (ASSOCIATE PARTIES)
EACH TRUST THAT: <ul style="list-style-type: none"> <li>Is a member of the close corporation</li> <li>Exercises control over the close corporation, including companies that are authorised to act on behalf of the close corporation</li> </ul>	SCHEDULE FOR TRUSTS (ASSOCIATE PARTIES)

## 8. DECLARATIONS AND SIGNATURE

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

- certify that the information provided on this form is, to the best of my knowledge, correct and complete.
- 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.
- undertake to advise Nedgroup Private Wealth Stockbrokers (Pty) Ltd. within 30 days of any change in circumstances that affect the close corporation'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.

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