

STOCKBROKING

SCHEDULE FOR SOUTH AFRICAN COMPANIES (ASSOCIATED PARTY)



If the company is a public company registered on a stock exchange, then only its name, registration number, the address of its head office and that of the office seeking to establish a business relationship, details of the person/s authorised to act on behalf of the company and proof of such authority need be obtained.

**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 <input type="checkbox"/> Trustee <input type="checkbox"/> Beneficiary named in the Trust Deed <input type="checkbox"/> Authorised to act on behalf of the primary client as per the resolution
PARTNERSHIP / CLOSED CORPORATION	<input type="checkbox"/> Partner / Member <input type="checkbox"/> Authorised to act on behalf of the primary client as per the resolution

3. ASSOCIATE PARTY SUB-TYPE

- ☐ Non-listed South African company registered before 1 May 2011
- ☐ Non-listed South African company registered after 1 May 2011
- ☐ Listed South African company
- ☐ Wholly owned subsidiary of a South African listed company
- ☐ Non-profit company registered before 1 May 2011 in terms of Section 21 of the Companies Act (NPO)
- ☐ Non-profit company registered after 1 May 2011 in terms of Section 21 of the Companies Act (NPO)

4. COMPANY DETAILS

REGISTERED NAME	
TRADING AS NAME (IF APPLICABLE)	
REGISTRATION NUMBER	
COUNTRY OF INCORPORATION ¹	
INDUSTRY / NATURE OF BUSINESS	
PLACE OF EFFECTIVE MANAGEMENT ¹	

REGISTERED ADDRESS			
Unit number		Complex name	
Street number		Street/farm	
Suburb		City/town	
Postal code		Country ¹	
TRADING ADDRESS (If the company operates from multiple addresses the address of the office seeking to establish a business relationship)			
TRADING ADDRESS SAME AS REGISTERED ADDRESS?		<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 ¹	
HEAD OFFICE ADDRESS			
HEAD OFFICE ADDRESS SAME AS REGISTERED ADDRESS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
HEAD OFFICE ADDRESS SAME AS TRADING ADDRESS?		<input type="checkbox"/> Yes <input type="checkbox"/> No	
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 COMPANY 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 company 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			

DO ANY OF THE PERSONS ASSOCIATED WITH THE COMPANY HAVE TAX OBLIGATIONS, TAX LIABILITIES OR TAX RESIDENCIES OUTSIDE OF SOUTH AFRICA?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IS THE COMPANY 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 COMPANY US PERSONS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
DOES THE COMPANY 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.		

6. ENTITY CLASSIFICATION

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

SECTION 1

IS THE COMPANY: 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 COMPANY'S GLOBAL INTERMEDIARY IDENTIFICATION NUMBER (GIIN)		
IF THE COMPANY DOES NOT NEED TO OBTAIN A GIIN, PLEASE ADVISE THE COMPANY'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 company is not a financial institution, please confirm the following:

IS THE COMPANY LISTED ON AN ESTABLISHED STOCK EXCHANGE OR RELATED (i.e. related by ownership greater than 50%) TO ANOTHER ENTITY WHOSE SHARES ARE REGULARLY TRADED ON AN ESTABLISHED STOCK EXCHANGE?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF THE ENTITY'S SHARES ARE TRADED ON AN ESTABLISHED STOCK EXCHANGE, PLEASE PROVIDE THE NAME OF THE STOCK EXCHANGE.			
NAME OF STOCK EXCHANGE			
IF THE ENTITY IS RELATED TO ANOTHER ENTITY WHOSE SHARES ARE REGULARLY TRADED ON AN ESTABLISHED STOCK EXCHANGE, PLEASE PROVIDE THE NAME OF THE RELATED ENTITY AS WELL AS THE NAME OF THE RELEVANT STOCK EXCHANGE.			
NAME OF RELATED ENTITY			
NAME OF STOCK EXCHANGE OF RELATED ENTITY			
IS THE COMPANY 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 (E.G. 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 COMPANY 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 COMPANY'S GROSS INCOME AND ASSETS PASSIVE? i.e. more than 50% of the company's gross income is generated by investment activities such as holding stock and shares or over 50% of the company's balance sheet assets are investment assets.		<input type="checkbox"/> Yes	<input type="checkbox"/> No

7. PARTIES ASSOCIATED TO THE COMPANY

The following parties associated to the company 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
EACH INDIVIDUAL WHO: <ul style="list-style-type: none"> Directly owns the company's shares. Where the company's shares are owned directly by a juristic person(s), each natural person who is the ultimate beneficial holder and indirectly owns the company's shares. 	SCHEDULE FOR INDIVIDUALS (ASSOCIATED PARTIES)

8. DECLARATIONS AND SIGNATURE

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

- (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. 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 company'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 company'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 company's personal information as they may deem fit and/or for a legitimate interest.
- (vi) Give NPWS the right to:
- 1) Collect the company'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 company's personal information for purposes of complying with any legislative or regulatory requirements.
 - 3) Transfer and/or process the company'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 company.
 - 2) Request the record or a description of the company's personal information held by NPWS.
 - 3) Request information about all third parties who have, or have had, access to the company's personal information.
 - 4) Correct or delete the company's personal information.
 - 5) Withdraw my consent at any time by providing notice to NPWS.
 - 6) Object to the company's personal information being held by NPWS.
 - 7) Lay a complaint with the Information Regulator regarding the company'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)			