

# STOCKBROKING

## SCHEDULE FOR INDIVIDUAL (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 IDENTITY / TRUST / REGISTRATION NUMBER	

### 2. ASSOCIATION WITH THE PRIMARY CLIENT

(Please select all applicable options)

WHERE THE PRIMARY CLIENT IS A:	ASSOCIATION:
INDIVIDUAL	<input type="checkbox"/> Person authorised to act on behalf of the primary client <input type="checkbox"/> Executor of a deceased estate <input type="checkbox"/> Parent / Legal Guardian for minor
COMPANY	<input type="checkbox"/> Manager / Chief Executive <input type="checkbox"/> Person authorised to act as per the resolution <input type="checkbox"/> Director <input type="checkbox"/> Direct shareholder <input type="checkbox"/> Ultimate beneficial owner
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 <input type="checkbox"/> Ultimate beneficial owner
PARTNERSHIP / CLOSED CORPORATION	<input type="checkbox"/> Partner / Member <input type="checkbox"/> Person authorised to act as per the resolution <input type="checkbox"/> Ultimate beneficial owner

### 3. ASSOCIATE PARTY SUB-TYPE

(Please select one)

- ☐ South African citizen residing in South Africa
- ☐ South African citizen residing in South Africa - minor
- ☐ South African citizen residing abroad
- ☐ Foreign national residing abroad
- ☐ Foreign national residing in South Africa
- ☐ Foreign national residing in South Africa – minor

### 4. ASSOCIATED PARTY DETAILS

TITLE		INITIALS	
FIRST NAME (S)		SURNAME	
DATE OF BIRTH (DD/MM/YYYY)		COUNTRY OF BIRTH <sup>1</sup>	
CITY OR TOWN OF BIRTH <sup>1</sup>			

NATIONALITY <sup>1</sup>			
PLEASE PROVIDE DETAILS OF SOUTH AFRICAN IDENTIFICATION DOCUMENT AND ALL FOREIGN PASSPORTS HELD <sup>1</sup>			
Identification type	Country of issue	Identification number	Expiry date (if applicable)
EMPLOYMENT STATUS	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> Self-employed <input type="checkbox"/> Unemployed <input type="checkbox"/> Home maker <input type="checkbox"/> Student <input type="checkbox"/> Minor		
EMPLOYER			
INDUSTRY / NATURE OF BUSINESS			
OCCUPATION			
ARE YOU A NEDBANK STAFF MEMBER?			
IF YES, PLEASE PROVIDE NB NUMBER AND CLUSTER:			

## 5. CONTACT DETAILS & CORRESPONDENCE

<b>RESIDENTIAL ADDRESS</b>			
UNIT NUMBER		COMPLEX NAME	
STREET NUMBER		STREET/FARM	
SUBURB		CITY/TOWN	
POSTAL CODE		COUNTRY OF RESIDENCE <sup>1</sup>	
<b>CONTACT DETAILS</b>			
HOME TELEPHONE		FAX	
WORK TELEPHONE		CELL PHONE NUMBER	
EMAIL			

## 6. TAX RESIDENCY DECLARATION

(REQUIRED IN TERMS OF SOUTH AFRICAN TAX LEGISLATION AND MUST THEREFORE BE COMPLETED BY INDIVIDUALS ASSOCIATED TO ENTITIES)

DO YOU 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 you have 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

ARE YOU A UNITED STATES ("US") CITIZEN, A US PERSON, A US NATIONAL OR DO YOU HAVE US TAX OBLIGATIONS?	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, PLEASE PROVIDE A COMPLETED IRS W9 FORM.		
IF NO, HAVE YOU EVER RELINQUISHED YOUR US CITIZENSHIP OR NATIONALITY	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YOU HAVE RELINQUISHED YOUR US CITIZENSHIP OR NATIONALITY, PLEASE PROVIDE A COMPLETED W-8BEN FORM AND CERTIFICATE OF LOSS OF NATIONALITY. IF YOU ARE UNABLE TO PROVIDE SUCH A CERTIFICATE PLEASE PROVIDE AN EXPLANATION.		
IF YOU ARE NOT A US CITIZEN, A US PERSON, OR A US NATIONAL, ARE THERE ANY OTHER US INDICATORS IN THIS FORM IN FIELDS DENOTED WITH A ' (ADDRESS, ETC.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, PLEASE PROVIDE A COMPLETED IRS W-8BEN FORM.		

## 7. DECLARATIONS AND SIGNATURE

I, the undersigned:

- 7.1. certify that the information provided on this form is, to the best of my knowledge, correct and complete.
- 7.2. 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.
- 7.3. undertake to advise Nedgroup Private Wealth Stockbrokers (Pty) Ltd. within 30 days of any change in circumstances that affect my tax residency/ies or US status.
- 7.4. 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.
- 7.5. Hereby give consent to NPWS to process my 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 my personal information as they may deem fit and/or for a legitimate interest.
- 7.6. Give NPWS the right to:
  - a) Collect my personal information from third parties when reasonably necessary and/or if it is impracticable to collect the data directly from me.
  - b) Process my personal information for purposes of complying with any legislative or regulatory requirements.
  - c) Transfer and/or process my 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.
- 7.7. Acknowledge that I have the right to:
  - a) Request confirmation from NPWS, free of charge, on whether or not they hold my personal information.
  - b) Request the record or a description of my personal information held by NPWS.
  - c) Request information about all third parties who have, or have had, access to my personal information.
  - d) Correct or delete my personal information.
  - e) Withdraw my consent at any time by providing notice to NPWS.
  - f) Object to my personal information being held by NPWS.
  - g) Lay a complaint with the Information Regulator regarding my 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](mailto:complaints.IR@justice.gov.za)

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