

# STOCKBROKING

## SCHEDULE FOR CLOSE CORPORATION (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"/> Authorised to act on behalf of the primary client as per the resolution
PARTNERSHIP / CLOSE CORPORATION	<input type="checkbox"/> Partner / Member <input type="checkbox"/> Authorised to act on behalf of the primary client as per the resolution

### 3. COMPANY DETAILS

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

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

<b>CONTACT DETAILS</b>			
CONTACT PERSON			
HOME TELEPHONE		FAX	
WORK TELEPHONE		CELL PHONE NUMBER	
EMAIL			

#### 4. TAX RESIDENCY DECLARATION

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

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)	<input type="checkbox"/>	

### SECTION 2

If the close corporation is 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. PARTIES ASSOCIATED TO THE COMPANY

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>Where any of the members are juristic persons, each individual associated with that entity.</li> </ul>	SCHEDULE FOR INDIVIDUALS (ASSOCIATED PARTIES)

## 7. 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 corporations' tax residency/ies or US status.
- 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.
- Hereby give consent to NPWS to process the close corporation'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 close corporation's personal information as they may deem fit and/or for a legitimate interest.
- Give NPWS the right to:
  - Collect the close corporation's personal information from third parties when reasonably necessary and/or if it is impracticable to collect the data directly from me.
  - Process the close corporation's personal information for purposes of complying with any legislative or regulatory requirements.
  - Transfer and/or process the close corporation'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.
- Acknowledge that I have the right to:
  - Request confirmation from NPWS, free of charge, on whether or not they hold personal information for the close corporation.
  - Request the record or a description of the close corporation's personal information held by NPWS.
  - Request information about all third parties who have, or have had, access to the close corporation's personal information.
  - Correct or delete the close corporation's personal information.
  - Withdraw my consent at any time by providing notice to NPWS.
  - Object to the close corporation's personal information being held by NPWS.
  - Lay a complaint with the Information Regulator regarding the close corporation'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](mailto:complaints.IR@justice.gov.za)

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