

# STOCKBROKING

## SCHEDULE FOR INDIVIDUALS (PRIMARY CLIENT)



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

### 1. CLIENT TYPE

- ☐ South African citizen residing in South Africa
- ☐ South African citizen residing in South Africa - minor
- ☐ South African citizen residing abroad
- ☐ Foreign national residing in South Africa
- ☐ Foreign national residing in South Africa – minor
- ☐ Foreign national residing abroad
- ☐ Deceased Estate
- ☐ Asylum seeker
- ☐ Refugee

### 2. CLIENT DETAILS

TITLE		INITIALS	
FIRST NAME (S)		SURNAME	
DATE OF BIRTH (DD/MM/YY)		COUNTRY OF BIRTH <sup>1</sup>	
CITY OR TOWN OF BIRTH <sup>1</sup>			
NATIONALITY <sup>1</sup>			
PLEASE PROVIDE DETAILS OF SOUTH AFRICAN IDENTITY 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:			

### 3. 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>POSTAL ADDRESS</b>			
POSTAL ADDRESS SAME AS RESIDENTIAL ADDRESS ABOVE?		<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF NO, IS THE POSTAL ADDRESS AN IN CARE OF ADDRESS? IF YES, PLEASE PROVIDE 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>	
<b>CONTACT DETAILS</b>			
HOME TELEPHONE		FAX	
WORK TELEPHONE		CELL PHONE NUMBER	
EMAIL			

### 4. BANK ACCOUNT DETAILS

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

## 5. 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 (Select all applicable options)	WITH THE OBJECTIVE OF (Select one of the three options)	EXPECTED INVESTMENT TIMEFRAME (Select one of the three options)	EXPECTED INVESTMENT ACTIVITY (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

(Please select all applicable options)

IF EMPLOYED	<input type="checkbox"/> Monthly salary <input type="checkbox"/> Commission earned <input type="checkbox"/> Bonus received
IF SELF-EMPLOYED	<input type="checkbox"/> Turnover from contracts, imports, exports, rental
IF RETIRED	<input type="checkbox"/> Annuity <input type="checkbox"/> Once off payment
DIRECTOR / PARTNER / MEMBER OF CLOSED CORPORATION	<input type="checkbox"/> Salary <input type="checkbox"/> Dividends / Profit Share <input type="checkbox"/> Interest on loans <input type="checkbox"/> Bonuses
OTHER (PLEASE SPECIFY)	

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

(Please tick all applicable options)

SAVINGS FROM EMPLOYMENT INCOME	<input type="checkbox"/>
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"/>
INHERITANCE	<input type="checkbox"/>
LOAN	<input type="checkbox"/>
GIFT OR DONATION	<input type="checkbox"/>
OTHER (PLEASE SPECIFY)	

## 6. TAX RESIDENCY DECLARATION

SOUTH AFRICAN TAX NUMBER		
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, IN CARE OF ADDRESS ETC.)	<input type="checkbox"/> Yes	<input type="checkbox"/> No
IF YES, PLEASE PROVIDE A COMPLETED IRS W-8BEN FORM.		

## 7. 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.

## 8. PARTIES ASSOCIATED TO THE PRIMARY CLIENT

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 IS: <ul style="list-style-type: none"><li>• Authorised to act on behalf of the primary client</li><li>• An executor of the estate of the primary client</li><li>• The legal guardian or parent of a minor</li></ul>	SCHEDULE FOR INDIVIDUALS (ASSOCIATE PARTIES)

## 9. DECLARATIONS AND SIGNATURE

I, the undersigned:

- (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 my 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) declare that if I am not resident in South Africa my normal place of residence is as completed above and that I conduct all transactions on my account in accordance with the relevant South African Exchange Control Rulings.

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