

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 ¹	
CITY OR TOWN OF BIRTH ¹			

NATIONALITY ¹			
PLEASE PROVIDE DETAILS OF SOUTH AFRICAN IDENTIFICATION DOCUMENT AND ALL FOREIGN PASSPORTS HELD ¹			
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

RESIDENTIAL ADDRESS			
UNIT NUMBER		COMPLEX NAME	
STREET NUMBER		STREET/FARM	
SUBURB		CITY/TOWN	
POSTAL CODE		COUNTRY OF RESIDENCE ¹	
CONTACT DETAILS			
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

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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 ¹ (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. 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.

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