

Annexure A: Beneficial Owner and Related Party Form

Collective Investments (Unit Trusts)

The Financial Intelligence Centre Act No. 38 of 2001 (FICA) requires us to identify the Investor, their Beneficial Owners/Controlling Persons and other representatives and to verify their identities.

Definitions:

Beneficial owner:

- A natural person(s) who has 5% or more shareholding, or derives economic benefit from the Legal Entity, such as beneficiaries of a trust.
- A natural person(s) exercising control by other means, such as ownership or control of other entities, partnerships, or trusts or,
- A natural person(s) who exercises control over the management of the legal person, such as CEO, CFO, Directors, Partners etc.

Signatory: Binds a person/ entity to the terms of an agreement. This includes Authorised signatories nominated to act on behalf of the Legal Entity.

Power of attorney: Has authorisation to represent or act on behalf of a person/ entity

DETAILS OF RELATIONSHIP

RELATIONSHIP WITH INVESTOR/ENTITY *

☐

BENEFICIAL OWNER

☐

SIGNATORY

☐

POWER OF ATTORNEY

NAME OF INVESTOR/ ENTITY *

* Compulsory fields

RELATED PARTY DETAILS - COMPLETE THIS SECTION ONLY IF RELATED PARTY IS A LEGAL ENTITY

ENTITY NAME*

REGISTRATION NUMBER*

DATE OF REGISTRATION*

D	D		M	M		Y	Y

CONTACT NUMBER*

COUNTRY OF OPERATION*

COUNTRY OF REGISTRATION*

* Compulsory fields

FATCA/CRS SELF-CERTIFICATION DECLARATION FOR A LEGAL ENTITY

The government of South Africa has entered into agreements under which it has agreed to the automatic exchange of information with other countries. These agreements are aimed at improving tax compliance between the countries over financial assets held by investors within their boundaries. As a result of these agreements, South Africa has introduced tax laws which require that we collect information about each investor's tax residency and tax classification. We are also required to report the tax information we have collected together with the investor's investment account(s) information to the South African Revenue Services (SARS).

What this means for you as a client is that STANLIB is obliged to provide SARS with certain information you provide to STANLIB when you invest or transact with us. SARS, in turn, may pass the information to other tax authorities outside South Africa as required by the agreements the government has entered into. STANLIB may, in complying with its reporting obligations to SARS, make use of the services of other companies in its group of companies in collating, interpreting, storing and forwarding of your information to SARS.

The information in this self-certification form is not tax advice. We recommend that you consult a professional tax or legal advisor for specific tax or legal advice.

Each Controlling person needs to complete an individual self-certification form found on the following weblink: [FATCA/CRS Self-Certification Declaration For an Individual\(UT\)](#)

TAX INFORMATION *

As part of STANLIB's obligation to comply with the U.S. Foreign Account Tax Compliance Act (FATCA), we require you to provide us with your tax information where applicable and will keep a record of such information. We will only disclose this information to the relevant tax authorities if and when required as per FATCA regulation.

TAX INFORMATION FOR U.S. LEGAL ENTITY *



IS THE LEGAL ENTITY A CITIZEN OR NATIONAL, OR RESIDENT FOR TAX PURPOSES IN THE U.S. ☐ YES ☐ NO

If you have selected 'YES', please submit the applicable United States of America Internal Revenue Services (IRS) forms and complete the Tax Identification Number below for the Legal Entity.

TAX IDENTIFICATION NUMBER:

If you have selected 'NO', you are not required to submit any IRS forms.

TAX INFORMATION FOR NON U.S LEGAL ENTITY *

IS THE LEGAL ENTITY A CITIZEN OR NATIONAL OR RESIDENT IN ANY OTHER COUNTRY FOR TAX PURPOSES ☐ YES ☐ NO

Please indicate all countries (including South Africa) in which you are resident for tax purposes and the associated tax identification numbers in the table below. By ticking 'No' you confirm that you are unable to provide the required Tax Information on the table below.

Country(ies) of Tax Residency *	Tax Identification Number *
1.	
2.	
3.	

*Compulsory Section

RELATED PARTY DETAILS - COMPLETE THIS SECTION ONLY IF RELATED PARTY IS AN INDIVIDUAL

TITLE *	<input type="text"/>	NAME/S *	<input type="text"/>
SURNAME *	<input type="text"/>	ID/PASSPORT NUMBER *	<input type="text"/>
MAIDEN NAME	<input type="text"/>	PASSPORT EXPIRY DATE *	<input type="text"/> - <input type="text"/> - <input type="text"/>
DATE OF BIRTH *	<input type="text"/> - <input type="text"/> - <input type="text"/>	GENDER	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
CELLPHONE (DIALLING CODE) *	<input type="text"/> - <input type="text"/>	TELEPHONE (DIALLING CODE)	<input type="text"/> - <input type="text"/>
COUNTRY OF PASSPORT ISSUE *	<input type="text"/>		
EMAIL ADDRESS *	<input type="text"/>		
COUNTRY OF PRIMARY RESIDENCE*	<input type="text"/>		
COUNTRIES OF CITIZENSHIP*	<input type="text"/>		
COUNTRY OF BIRTH*	<input type="text"/>		

* Compulsory fields

*FATCA/CRS SELF-CERTIFICATION DECLARATION FOR INDIVIDUALS *

As part of STANLIB's obligation to comply with the U.S Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) and the Automatic Exchange of Information reporting (AEOI) we require you to provide us with your tax information. This tax information will be kept on record and will be disclosed to the relevant tax authorities as and when required as per the FATCA and CRS regulations. **The information contained under this section is not tax advice. We recommend that you consult a professional tax or legal advisor for specific tax or legal advice.**

- Failure to complete all fields in this section will result in a delay in your application being processed

TAX INFORMATION FOR U.S CITIZENS *

ARE YOU A US CITIZEN ? ☐ NO ☐ YES If 'YES', please complete an individual IRS W-9 form for Tax identification and Certification found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

TAX INFORMATION FOR NON U.S CITIZENS *

*ARE YOU REGISTERED FOR TAX IN SOUTH AFRICA? • By ticking 'No' you confirm that you are not registered for Tax • If you are registered or not registered for taxation in South Africa, we still require confirmation of country(ies) of tax residency on the table below.	<input type="checkbox"/> NO <input type="checkbox"/> YES	TAX IDENTIFICATION NUMBER	<input type="text"/>
*ARE YOU REGISTERED FOR TAX IN THE US ?	<input type="checkbox"/> NO <input type="checkbox"/> YES	TAX IDENTIFICATION NUMBER	<input type="text"/>
*ARE YOU A REGISTERED TAX PAYER IN ANY OTHER COUNTRY?	<input type="checkbox"/> NO <input type="checkbox"/> YES		

- **TAX RESIDENCY:** Please list all countries, including South Africa ,in which you are considered a RESIDENT for TAXATION purposes, and provide the



associated Tax Identification Numbers in the table below,

- By ticking 'Not applicable' on the table below, you confirm that the country specified does not issue Tax Identification Numbers.

Country(ies) of Tax Residency *	Tax Identification Number *	Not Applicable
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>

***Compulsory Section**

PHYSICAL ADDRESS

COMPLEX/UNIT/ NUMBER	<input type="text"/>	COMPLEX NAME	<input type="text"/>
STREET NUMBER	<input type="text"/>	STREET NAME*	<input type="text"/>
SUBURB*	<input type="text"/>	CITY*	<input type="text"/>
COUNTRY*	<input type="text"/>	POSTAL CODE*	<input type="text"/>

***Compulsory fields**

INVESTOR DECLARATION

1. I/We acknowledge that I/We provide consent to STANLIB to collect, process, store, disclose and share my Personal Information for the purpose of servicing my investment.
2. I/We agree to provide all documentation and information requested in this document and further required by law and consent to STANLIB processing my information for the purposes stipulated within the Terms and Conditions.
3. I/We confirm that all information provided herein is true and correct and that I/We have read and understood the contents of this form.
4. By signing this form, the client consents to STANLIB processing their personal information in accordance with the terms and conditions.
5. I/We acknowledge and accept that the information contained in this form and information about the Account Holder may be provided to SARS. Further, that SARS may also exchange the information with the tax authorities of another country or countries in which the Account Holder may be tax resident.

If the information you have provided in this form changes in future, please submit a new form within 30 days. If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

SIGNATURE OF CLIENT /
AUTHORISED SIGNATORY *

DATE

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

CAPACITY

SIGNED AT

SIGNATURE OF FINANCIAL
ADVISER

DATE

<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
D	D		M	M		Y	Y	Y	Y

SIGNED AT

