# Annexure 1
# Additional persons form



## Individual

The individual must complete this form and provide proof of identification (please refer to Investec standards for acceptable documentation).

If you have multiple roles, please only complete 1 form. Part A must be completed by all additional Person/s. Part B must only be completed by Ultimate Beneficial Owners and Controlling Person/s for Passive NFFE/NFE's

## Part A – Required information

| | | | |
|---|---|---|---|
| Role *(e.g. CEO)* | | Full name | |
| ID Number *(mandatory for all SA citizens)* | | | |
| Passport number (1) | | Passport number (2) | |
| Issuing country (1) | | Issuing country (2) | |
| Expiry date (1) | D D M M Y Y Y Y | Expiry date (2) | D D M M Y Y Y Y |
| Date of birth | D D M M Y Y Y Y | Country of birth | |
| Place of birth | | | |
| Email | | | |
| Contact number | | Contact number country | |

Residential address

Country

Postal address Tick if same as ☐ registered address

Country

## Part B – Tax residency self-certification

Country(ies) of citizenship

Out of the Ordinary

Investec

Private Banking

Cash Investments | Foreign Exchange | Personal Finance | Transactional Banking



15/10/2018

| Tax Country | Tax Identification Number (TIN) | Comment if TIN not applicable |
|---|---|---|
| | | |
| | | |
| | | |

If you are not registered for tax in any jurisdiction, please provide an explanation

| |
|---|
| |

Are you a U.S. Person? Yes ☐ No ☐

## Part C – Declaration, undertaking and warranties

The signatories to this application hereby:

1. Warrant that all information provided to Investec in this form is current, true, accurate and complete in every aspect and undertake to notify Investec of any changes to information provided whether in terms of this certification or otherwise. In addition Entities/accountholders that are Passive NFFE/NFEs agree that that they will notify Investec when a member of a class of beneficiaries receives a distribution.

2. Warrant that where required I/we have the appropriate authority to provide and confirm the Additional Person(s) and Controlling Person(s) information as requested in this form as applicable.

Signed at _____ Date _____

_____ _____

Signature of duly authorised signatory (1) Signature of duly authorised signatory (2)

_____ _____

Name of duly authorised signatory (1) Name of duly authorised signatory (2)



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