

CHANGE OF DETAILS FORM - INDIVIDUALS/MINORS/ESTATE LATE

Please complete this form in full and submit the required FICA documents to YeboYethu by email; or post or delivered by hand.

Note that in order to trade, your shareholder account must be FICA validated.

A	SHAREHOLDER DETAILS (MUST BE COMPLETED)				
Full names:					
Surname:					
Identity/Passport Number:					
Title:	Mr	Mrs	Ms	Dr	Prof
Gender:	Male		Female		Other
Race:	Black African		Coloured	Indian	
	White (can only be used by former ESOP shareholders)				
Disabled:	Yes	No	The term 'disability' is defined in section 18(3) of the Income Tax Act No. 58 of 1962 (Act) as a moderate to severe limitation of a person's ability to function or do daily activities as a result of a physical, sensory, communication, intellectual or mental impairment.		
Shareholder / Investor Number:					
Income Tax Number if Issued:					

B	CONTACT DETAILS (MUST BE COMPLETED)			
---	-------------------------------------	--	--	--

Submit with a selfie (photo of yourself) holding your green bar coded South African ID Book or Smartcard ID (both sides) or a valid passport (for foreign nationals) / alternatively a copy certified by a Commissioner of Oaths.

Cell phone number:	
E-mail address:	
Home phone number:	
Office phone number:	

C	BANK ACCOUNT DETAILS (MUST BE COMPLETED)			
---	--	--	--	--

Submit with A Bank confirmation letter with an e-stamp which is available for download on your banking application; or a bank statement; or a physical bank confirmation letter issued and stamped by the branch (not older than 3 months).

Name of bank account holder:	
Name of South African bank:	
Bank branch code:	
Bank account number:	

Note: We cannot accept banking details in the name of a third party. The bank account provided must be able to accept deposits.

D	POSTAL ADDRESS (MUST BE COMPLETED)			
---	------------------------------------	--	--	--

Postal address:			
	Postal code:		

E	RESIDENTIAL ADDRESS (MUST BE COMPLETED)			
---	---	--	--	--

Submit with a service bill not older than 3 months.

Residential address:			
	Postal code:		

F	COMMUNICATION METHOD (MUST BE COMPLETED)			
---	--	--	--	--

Email SMS Post

G	PROMINENT INFLUENTIAL PERSONS (MUST BE COMPLETED)			
---	---	--	--	--

Means an individual who holds, including in an acting position, for a period of six months, or has held in any time in the preceding twelve months, a list of positions included in Schedule 3A of the FICA Amendment Act, 2017.

Are you a Prominent Influential Person or known associate or family member of a Prominent Influential Person?	Yes	No
---	-----	----

H	DETAILS OF THE SHAREHOLDER' REPRESENTATIVE (ONLY IF APPLICABLE)
----------	--

(If the person is signing this Form in a representative capacity (such as a parent/guardian of a Minor, an executor of a deceased estate, a curator or a liquidator). **Authorised Representative: a selfie (photo of yourself) holding your green bar coded South African ID Book or Smartcard ID (both sides) or valid Passport (for foreign nationals) / alternatively a copy certified by a Commissioner of Oaths.**

Capacity:	Birth parent of minor	Legal guardian	Other (please specify):
Title:	Mr	Mrs	Ms Dr Rev
Full names:			
Identity / Passport Number:			
Email address:			
Cell phone number:			
Office phone number:			
Home phone number:			
Residential address:			Postal code:
Postal address:			Postal code:

I	SIGNATURE SECTION
----------	--------------------------

By signing below, you:

- **Agree that YeboYethu and it's duly authorised verification agent may verify (check) any details provided in the form including supporting documentation**
- **Confirm that you have read and understand the Custody Mandate and Trading Terms and Conditions**
- **By signing this Form you confirm that the details contained in this Form are true and correct.**
- **By signing this Form in a Representative Capacity, you provide the warranties and undertakings and acknowledgments set out in this Form.**
- **I hereby confirm that I am a "Black Person" as defined in the Broad-Based Black Economic Empowerments codes of Good Practice gazette from time to time under the Broad-Based Black Economic Empowerment Act, No 53 of 2003, as this definition interpreted by the courts from time to time (Former ESOP shareholders may ignore this statement)**

Name: _____

Day		Month		Year			

Signature: _____

Capacity/office held:	Authorised Representative: If you are not signing as the Authorised Representative of the Shareholder but in a different capacity, please state this different capacity below. If you do not state this different capacity below, we will treat this as you signing as the Authorised Representative.	Other capacity (if any): _____ _____ _____
-----------------------	--	---