

## NEW APPLICANT FORM – GROUP

**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, the Group's shareholder account must be FICA validated.**

**Refer to detailed FICA requirements for specific shareholder type.**

### A BLACK GROUP DETAILS (MUST BE COMPLETED)

|                                                          |                                                                                                                                                                                                                        |
|----------------------------------------------------------|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|
| Black Group category:                                    | <input type="checkbox"/> Company <input type="checkbox"/> Partnership <input type="checkbox"/> Trust <input type="checkbox"/> Close Corporation<br><input type="checkbox"/> Other unincorporated entity or association |
| Full name of the Company / Group / Trust                 |                                                                                                                                                                                                                        |
| Company Registration Number/ Trust Identification Number |                                                                                                                                                                                                                        |
| VAT Number:                                              |                                                                                                                                                                                                                        |
| Tax Number if issued:                                    |                                                                                                                                                                                                                        |

### B CONTACT DETAILS OF AUTHORISED REPRESENTATIVE (MUST BE COMPLETED)

|                            |                                                                                                                                               |
|----------------------------|-----------------------------------------------------------------------------------------------------------------------------------------------|
| Title:                     | <input type="checkbox"/> Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Rev |
| Full names:                |                                                                                                                                               |
| Identity / Passport Number |                                                                                                                                               |
| Email address:             |                                                                                                                                               |
| Cell phone number:         |                                                                                                                                               |
| Office phone number:       |                                                                                                                                               |
| Home phone number:         |                                                                                                                                               |
| Residential address:       |                                                                                                                                               |
| Postal address:            | Postal code: <input style="width: 50px;" type="text"/>                                                                                        |
| Postal address:            | Postal code: <input style="width: 50px;" type="text"/>                                                                                        |

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

|                              |  |
|------------------------------|--|
| 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)

|                     |                                                        |
|---------------------|--------------------------------------------------------|
| New postal address: | Postal code: <input style="width: 50px;" type="text"/> |
|---------------------|--------------------------------------------------------|

### E RESIDENTIAL ADDRESS (MUST BE COMPLETED)

|                          |                                                        |
|--------------------------|--------------------------------------------------------|
| New residential address: | Postal code: <input style="width: 50px;" type="text"/> |
|--------------------------|--------------------------------------------------------|

### F COMMUNICATION METHOD (MUST BE COMPLETED)

Email      SMS      Post

|          |                                                          |
|----------|----------------------------------------------------------|
| <b>G</b> | <b>PROMINENT INFLUENTIAL PERSONS (MUST BE COMPLETED)</b> |
|----------|----------------------------------------------------------|

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 any individuals associated with this Company, Group or Trust a Prominent Influential person or a known associate or family member of a Prominent Influential person? | Yes | No |
|--------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----|----|

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

|          |                          |
|----------|--------------------------|
| <b>H</b> | <b>SIGNATURE SECTION</b> |
|----------|--------------------------|

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 the Black Group have read and understand the Custody Mandate and Trading Terms and Conditions**
- **The Black Group represented by the Authorised Representative below confirm that the Black Group is incorporated or formed in South Africa and that all the information provided in the form including all supporting documentation are true and correct.**
- **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.**

Name: \_\_\_\_\_

Day                  Month                  Year

Signature: \_\_\_\_\_

|                       |                                                                                                                                                                                                                                                                                                          |                                                     |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|
| Capacity/office held: | Authorised Representative:<br>If you are not signing as the Authorised Representative of the Black Group 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):<br>_____<br>_____<br>_____ |
|-----------------------|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|-----------------------------------------------------|