

I would like to open an account(s) for the following product(s) (please tick)

☒ **SatrixNOW** ☒ **SatrixNOW TFSA Account**

Please make sure you have read and understand the SatrixNOW terms and conditions as provided on our website.

Section A: Account Holder

This is the beneficial owner of the SatrixNOW Account.
The Account will be opened in this name.
(Individual/Minor/Partnership/Company/Trust/CC)

Account Holder: _____

Date of Birth/Incorporation Date (dd/mm/yyyy): _____

Nationality: _____

Identity Number/Passport Number/Registration Number: _____

Residential/Physical Address: _____

Postal Address: _____

Postal Code: _____

Country: _____

Telephone (work): _____

Telephone (home): _____

Mobile Number: _____

Email Address: _____

Webpage: _____

Tax Registration Number: _____

Employment Details*

Occupation: _____

Employer's Name: _____

Employer's Address: _____

City/Town: _____ Postal Code: _____

Is your employer listed? _____

Account Holder Bank Details**

Bank: _____

Account Name: _____

Account Number: _____

Branch Number (6 digits): _____

Section B: Authorised User

This is the Authorised User of the Account.

This person is authorised to act on behalf of the Account Holder.
(Guardian/Trustee/Director/Member)

Full Name: _____

Previous Name(s): _____

Date of Birth (dd/mm/yyyy): _____

Nationality: _____

Identity Number/Passport Number: _____

Residential/Physical Address: _____

Postal Address: _____

Postal Code: _____

Country: _____

Telephone (work): _____

Telephone (home): _____

Mobile Number: _____

Email Address: _____

*** Only needed for Individual/Guardian/Trustee/ Director/Member.**

**** If Minor does not have a bank account, Guardian must provide his/her bank details.**

Declarations and Signature of the Account Holder

By my signature, I declare and confirm the following:

- ☒ That all details given in this form are correct, I am over 18 years of age and that I will inform SatrixNOW immediately in writing of any changes to the details contained herein.
- ☒ I have read, understood and agreed to be bound to all Terms and Conditions as set out on the SatrixNOW website and all related platforms, products and services.
- ☒ I confirm that I will invest, in the case of individuals only, in my own name and will not use my Account to invest on behalf of any other person and in the case of Corporate Bodies and Minors only, Authorised Users will invest on the Account.
- ☒ I confirm that I am liable for all costs set out in the Cost Profile published on the website and amended from time to time and I agree to meet my payment obligations and the other terms applicable to my Account as set out in the Cost Profile.

Account Holder Signature/Authorised User: _____

Name: _____ Date: _____

Please note that each fully completed and signed application form must be accompanied by the relevant client verification documents:

- A valid South African identity document/passport or driver's licence.
 - A document which must reflect name/initials and surname, physical address or property descriptions (i.e. ERF/Stand numbers) and must be less than 3 months old.
- Please upload these documents on the **SatrixNOW FICA** page: <https://www.satrixnow.co.za/Profile/Fica>
Should you need any assistance please contact Client Relations on + 27 (0)10 020 2250 or email us on helpme@satrixnow.co.za

Contact Details:

Platform and technical support queries:
email: helpme@satrixnow.co.za
tel: 010 020 2250

Product related queries:
web: www.satrix.co.za/product-info
email: helpme@satrixnow.co.za

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