



- Satrix Investments (herein referred to as Satrix) is a Reporting Financial Institution which is required to report to the South African Revenue Services (SARS) specific information with respect to each Reportable Account it manages, after application of the due diligence procedures as described in the Regulations¹.
- The due diligence procedures require Satrix to identify the jurisdiction in which an account holder or a controlling person of a Passive Non-Financial Entity is resident for the purposes of any tax imposed by the law of that jurisdiction.
- Satrix must therefore obtain a self-certification either as part of its account opening process or where a change of circumstances occurred with respect to a Financial Account. The information allows Satrix to reasonably determine the Account Holder's residence(s) for tax purposes and confirm the reasonableness of such self-certification based on the information obtained, including any documentation collected pursuant to AML/KYC Procedures.
- If the Account Holder or Controlling Person continues to fail to provide the self-certification, Satrix may suspend or close the account or treat the Account Holder as a Reportable Account and report the account to SARS if indicia are present to suggest the Account Holder is reportable to that jurisdiction.

¹Regulation No. R. 1070 of 09 October 2020 and Intergovernmental Agreement between the United States of America and South Africa (FATCA)

Satrix Investments (Pty) Ltd

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Satrix Investments (Pty) Ltd Reg no 2011/006611/07

Refer to the Satrix website for directors and company secretary details.

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E info@satrix.co.za

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1. Client Details

Registered Name	<input type="text"/>		
Trading Name <small>(only complete if different from registered name)</small>	<input type="text"/>		
Registration Number	<input type="text"/>		
Country of Incorporation	<input type="text"/>		
Registered Address	<input type="text"/>		
Country	<input type="text"/>	Postal Code	<input type="text"/>
Postal Address <small>(only complete if different from registered address)</small>	<input type="text"/>		
	<input type="text"/>		
Country	<input type="text"/>	Postal Code	<input type="text"/>

Please specify your regular source of funds:

- | | | | |
|---|---|--|---|
| <input type="checkbox"/> Company Profits | <input type="checkbox"/> Sale of Shares | <input type="checkbox"/> Investment | <input type="checkbox"/> Corporate Dividend |
| <input type="checkbox"/> Bonus | <input type="checkbox"/> Bursary fund | <input type="checkbox"/> Donations | <input type="checkbox"/> Government Subsid |
| <input type="checkbox"/> Inheritance | <input type="checkbox"/> Premiums | <input type="checkbox"/> Medical Aid Contributions | <input type="checkbox"/> Member Contributions |
| <input type="checkbox"/> Partner Contribution | <input type="checkbox"/> Revenue | <input type="checkbox"/> Rates and Tariffs | <input type="checkbox"/> Student Fees |
| <input type="checkbox"/> Other (Specify) | <input type="text"/> | | |

Please specify the main source of your accumulated wealth

Please specify entity type:

- | | | | |
|--|--|---|--------------------------------------|
| <input type="checkbox"/> Close Corporation | <input type="checkbox"/> Private Company | <input type="checkbox"/> Listed Company | <input type="checkbox"/> Partnership |
| <input type="checkbox"/> Trust | <input type="checkbox"/> Fund | <input type="checkbox"/> Government SOC | |
| <input type="checkbox"/> Other (Specify) | <input type="text"/> | | |

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2. Tax Status

2.1. Tax Information

Please specify the countries where you are registered to pay tax, as well as your tax identification number in each country:

Country of Tax Residence

Tax Identification Number

OR

Reason tax number is not applicable:

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2.2. Organisation's Classification for FATCA

Based on the nature of the client, the client must complete section A or B:

Section A: Financial Institution

a. Please provide your Global Intermediary Identification Number (GIIN):

- - -

b. In the event that the GIIN provided under (a) is that of a Sponsoring Entity, please provide your sponsored Global Intermediary Identification Number (GIIN):

- - -

c. If no GIIN is provided, please indicate the reason:

- Non-Reporting IGA Foreign Financial Institution
- Exempt Beneficial Owner (controlled by a government, central bank, international organisation {supranational organisation}, participatory retirement fund)
- Exempt Financial Institution (a defined 'low-value account' financial institution, qualified credit card issuers)
- Exempt Investment Entity (a defined 'exempt collective investment vehicle', trustee document trust {trustee being a financial institution})
- Non-participating Financial Institution (a financial institution where its tax jurisdiction is not South Africa or any other FATCA partner jurisdiction)
- Certified Deemed Compliant FFI
- Investment Entity solely because it is an investment manager or investment advisor
- Excepted inter-affiliate FFI- An FI in a group structure that does not maintain financial accounts for third parties (Other than accounts maintained for members of its expanded affiliated group). See FATCA regulations for all the requirements of this status

Section B: Non-financial Institution

Active Non-Financial Entity

Including an entity which is publicly traded on a recognised exchange or carries any one characteristic listed in Annexure I(VI)(B)(4) of IGA (FATCA) and Section VIII(D) (9) of R.210 published in Government Gazette No.39767 of 2 March 2016 (CRS)

Passive Non-Financial Entity (A Non-Financial entity that is not active) please completed Annexure A for all controlling persons)

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2.3. Organisation's Classification for CRS

Section 1: Entity Type

Please provide the account holder's status by ticking one of the following boxes:

A. Financial Institution – Investment Entity

- An investment entity located in a non-participating jurisdiction or an entity that is being managed as an investment entity located in a non-participating jurisdiction (please complete controlling person information)
- Other Investment Entity

B. Financial Institution – depository institution, custodial institution or specified insurance company

C. Non-Reporting Financial Institution

D. Active non-financial entity (NFE) – a corporation, the stock of which is regularly traded on an established securities market or a corporation which is a related entity of such a corporation

If you have ticked (c) above, please provide the name of the established securities market on which the corporation is regularly traded

If you are a related entity of a regularly traded corporation, please provide the name of the regularly traded corporation that the entity in (c) is a related entity of:

E. Active NFE – a Government Entity or Central Bank

F. Active NFE – an International Organisation

G. Active NFE – other than (d)-(f) (for example a start-up NFE or a non-profit NFE)

H. Passive NFE (please complete Annexure A for all controlling person information)

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Annexure A

Additional information required from controlling persons important information

This Annexure must be completed by controlling persons where a passive non-financial entity (NFE) was selected in Section 2: B of the schedule. If the legal entity has a GIIN number, then the tax number is not required.

FATCA only requires the information (including tax number) of the controlling persons where the entity is a passive non-financial entity.

Personal details of controlling persons: natural persons and entities

1. Full Name(s):

Country of Tax Residence: Tax Identification Number: Designation:

2. Full Name(s):

Country of Tax Residence: Tax Identification Number: Designation:

3. Full Name(s):

Country of Tax Residence: Tax Identification Number: Designation:

4. Full Name(s):

Country of Tax Residence: Tax Identification Number: Designation:

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Declaration and Self-certification:

I hereby declare that all statements made on this form/in this declaration and all information that I have provided is correct and complete. If there is any change in circumstances which may change the entity's tax residency status or if any of the information I gave above changes, I will complete a new self- certification and declaration. I acknowledge that I am aware that it is a criminal offense to submit false tax information and I will be fully liable for any incorrect and/or incomplete information provided. Satrix does not take any responsibility for the tax information provided by its customers in completing the self-certification to the maximum extent permitted by applicable law.

Authorised Signatory Date Signed (ddmmccyy)

Full Name(s):

Capacity

Authorised Signatory Date Signed (ddmmccyy)

Full Name(s):

Capacity

*Authorised signatory acting on behalf of the Legal Entity.

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