

ENDOWMENT POLICY FOR LEGAL ENTITIES (SINKING FUND)

NEW BUSINESS APPLICATION FORM

VERSION NUMBER 1.0

IMPORTANT INFORMATION YOU NEED TO KNOW BEFORE YOU INVEST

Financial Advice

Research has proven that receiving good independent financial advice can make a substantial difference to an investment outcome. If you are not comfortable making your own investment decisions, consider using the services of an independent financial adviser (IFA). To locate an IFA in your area, refer to the 'Find an adviser' section of our website. Itransact is a licensed financial services provider for the purposes of distributing and administering this investment product. Itransact does not provide financial advice.

Product Information

Please ensure that you choose the right product before you invest. Refer to our product fact sheets, brochures, fee disclosures and research made available on our website.

Warning

Do not sign any blank or partially completed application form. Keep notes of what is said to you and all documents handed to you. Don't be pressurised to buy the product. Failure to provide correct or full relevant information may influence your investment outcome.

Waiver of Rights

No insurer and/or underwriting manager and/or administrator and/or intermediary may request or induce from you, in any manner whatsoever, to waive any right or benefit conferred on you in terms of any provisions of this Product, or recognise, accept or act on any such waiver on your behalf. Any such waiver is null and void.

INVESTMENT PROCESS

STEP 1 Complete the form and agree to the terms and conditions	To ensure there is no delay in processing your investment, please complete the form accurately and ensure you understand the terms and conditions you are entering into. Depending on the investment type and/or product you may be required to complete and provide additional forms.
STEP 2 Send documents to Itransact via Email Additional forms and FICA requirements for trusts are available on our website in the 'Forms & Downloads' section. www.itransact.co.za	Email your documents to: newbus@itransact.co.za If you experience difficulties transmitting your documents to us, please call us on 0861 468 383 during business hours and we will gladly assist you. Document Checklist (legal entities) <input type="checkbox"/> Fully completed and signed application form <input type="checkbox"/> Copy of Certificate of incorporation <input type="checkbox"/> Copy of company registration certificate <input type="checkbox"/> Proof of company bank account (not older than 3 months) <input type="checkbox"/> Proof of company Vat registration certificate <input type="checkbox"/> Proof of company income tax number <input type="checkbox"/> Directors FICA documents (copy of identity document or passport, and physical address, not older than 3 months) <input type="checkbox"/> Shareholder FICA for Shareholders holding 25% or more of voting rights (copy of identity document or passport, proof of banking details and physical address, both not older than 3 months) <input type="checkbox"/> Copy of board resolution nominating person/s and signatory/s who is/are authorised to act on behalf of the company <input type="checkbox"/> Authorised persons FICA (copy of identity document or passport, and physical address, not older than 3 months) <input type="checkbox"/> List of authorised person/s and specimen signatures <input type="checkbox"/> Company Organogram that reflects the ultimate beneficial ownership/ control structure

STEP 3 Fulfilment	<ul style="list-style-type: none"> We will acknowledge receipt of your documents and contact you if there are any outstanding requirements. Transactions will only be acted upon after confirmed receipt by the Administrator of a completed and signed investor mandate, investor FICA verification, relevant supporting documentation, and investment funds which have been cleared and made available for investment in the Administrators bank account. You will receive confirmation once your instruction has been processed. You will receive an email welcoming you to Itransact. You will automatically be provided with a secure Itransact online servicing account. New investors are requested to activate their online account by registering on our website within 3 business days. Subsequent products will automatically appear in your online account.
CUT OFF TIMES	<ul style="list-style-type: none"> Instructions received before 11h00 on a business day will start processing on that day. Instructions received after 11h00 on a business day will start processing on the next business day. Instructions received on a weekend or public holiday will start processing on the next business day.

SECTION 1: ENTITY DETAILS

Type of Entity	Listed Company <input type="checkbox"/> Unlisted Company <input type="checkbox"/> Partnership <input type="checkbox"/> Sole Proprietor <input type="checkbox"/>
	Non Profit Organisation <input type="checkbox"/> Close Corporation <input type="checkbox"/> Retirement Fund <input type="checkbox"/>
Other	<input type="text"/>
Registered Name	<input type="text"/>
	<input type="text"/>
Trading Name	<input type="text"/>
	<input type="text"/>
Registration Number	<input type="text"/>
VAT Number	<input type="text"/>
Trading Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Code <input type="text"/>
Tick if postal address is same as trading address	<input type="checkbox"/>
Postal Address	<input type="text"/>
	<input type="text"/>
	<input type="text"/> Code <input type="text"/>
Telephone Number	<input type="text"/>
Contact Number	<input type="text"/>
Email Address	<input type="text"/>
	<input type="text"/>

DETAILS OF THE AUTHORISED PERSON NOMINATED BY THE COMPANY

Title	Mr <input type="checkbox"/> Ms <input type="checkbox"/> Mrs <input type="checkbox"/> Dr <input type="checkbox"/> Prof <input type="checkbox"/> The Hon <input type="checkbox"/>
First Name/s	<input type="text"/>

Surname

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Nationality

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Email Address

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Politically Exposed Persons

Indicate if any authorised representative/s, ultimate beneficial owner/s or any shareholder/s of the legal entity is a foreign prominent public official or a domestic prominent influential person

Yes ☐ No ☐

If yes, please specify:

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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SECTION 2: FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

Organisation Tax Residency Classification

If your organisation is a Financial Institution, please specify:

South African Financial Institution or a Partner Jurisdiction Financial Institution

☐

Participating Foreign Financial Institution (in non-intergovernmental agreement jurisdiction)

☐

Non-Participating Foreign Financial Institution (non-intergovernmental agreement jurisdiction)

☐

Financial Institution resident in the USA or in a US Territory

☐

Exempt beneficial Owner (this includes a South African registered retirement scheme, etc)

☐

Deemed Compliant Financial Institution (this includes Non-Profit organisations)

☐

If your organisation is not a Financial Institution, please specify:

Active Non-Financial Entity

☐

Passive Non-Financial Entity

☐

If your organisation is a US tax resident and not a Specified US person, please specify:

A regularly traded corporation on a recognised stock exchange

☐

Any corporation that is a member of the same expanded affiliated group as a regularly traded corporation on a recognised stock exchange

☐

A government entity

☐

Any bank as defined in section 581 of the US Internal Revenue Code

☐

A retirement plan under section 7701(a)(37), or exempt organisation under sec 501(a) of the IRS Code

☐

or any other exclusion.

☐

Organisation's Classification under Common Reporting Standards (CRS)

Select an option with reference to primary country of residence:

Financial Institution under CRS (includes pension fund schemes, government entity etc)

☐

An investment entity located in a Nonparticipating Jurisdiction and managed by another Financial Institution

☐

Active Non-Financial Entity which frequently trades on an established securities market or associated with and established securities marker or a corporation which is a related entity of such a corporation.

☐

Active Non-Financial Entity-a Government Entity, a Central Bank or an International Organisation.

☐

Active Non-Financial Entity, other than those listed above

☐

Passive Non-Financial Entity.

☐

Dividend Withholding Tax

If your organisation is exempt from DWT, please select the appropriate box to declare the reason for the exemption:

A company or close corporation registered in South Africa for tax purposes

☐

A non-profit organisation (approved by SARS in terms of section 30(3) of the Income Tax Act)

☐

A pension fund, pension preservation fund, provident fund, provident preservation fund, retirement annuity fund, beneficiary fund or benefit fund registered in terms of the Pension Fund Act 1956.

☐

A person contemplated in section 10(1)(t) of the Income Tax Act

☐

A Trust contemplated in section 37A of the Income Tax Act (e.g. mining rehabilitation Trust)

☐

Fidelity and Indemnity funds contemplated in section 10(1)(d)(iii) of the Income Tax Act

☐

A small business funding as contemplated in section 10(1)(c) of the Income Tax Act

☐

Entity is not exempt from DWT

☐

SECTION 3: METHOD OF COMMUNICATION & PRIVACY OF PERSONAL INFORMATION (POPIA)

Communication

Please note that email will be used as the default method of communication by the Administrator. All communication with the Administrator by the Investor must also be via electronic means, which includes email and telephonic communications using the contact details provided in the last section of this form.

Protection of Personal Information

You acknowledge that Itransact requires your personal information, as defined in the Protection of Personal Information Act of 2013 ('POPIA'), and consent to Itransact processing such information to open and administer your investment accounts. In addition, you expressly consent that Itransact may verify and process your personal information (including your voice and or biometric data) for security purposes and so as to comply with its obligations in terms of legislation. Itransact may transmit your personal information to third-party service providers for the purposes of storing and maintaining that information. Where information is transmitted to offshore providers, Itransact has confirmed that sufficient legislation and agreements are in place to ensure the protection of that information. Where directed by your financial adviser, Itransact will transmit your information to third-party service providers appointed by your adviser. We will only use personal information about you, your beneficiaries, and dependants in line with the Itransact Privacy Policy. Please refer to the Privacy Policy on the website for information about your rights and obligation in relation to your personal information.

Marketing

Do you consent to receive occasional marketing information relating to your investment from the administrator?

☐ Yes ☐ No

SECTION 4: INVESTMENT DETAILS

Product Selection

(Please indicate the name of the relevant available investment Product. The Product name and investment minimum will be determined by the Products underlying investment issuers documentation.)

Product Name

Amount in Rands

 .

Source of Funds

(Note that you may need to provide proof)

Existing Itransact Account ☐ Capital/Savings ☐ Company profit ☐ Donation ☐

Other (Please Specify) ☐

Method of Payment

☐ Lump-sum Investment (Please take note of the restrictions regarding the Itransact bank account details below)

ITRANSACT BANK ACCOUNT DETAILS

For security reasons and to comply with the Financial Intelligence Crime Act (FICA) the Administrator must perform certain security checks with you as the investor before it may provide you with the bank details and investor reference to be used by you when making a lump sum investment.

Once you have received the bank account details and reference number from the Administrator, and have made a payment, you are required to provide the Administrator with the proof of payment (copy of deposit slip or online payment confirmation) by submitting it via email to the email address stated on the first page of this application form. No transaction will be finalised without receiving the proof of deposit.

Electronic fund transfers are recommended. If you make a deposit by cheque it may undergo a clearing period of between 10 and 15 business days with your bank before the funds are made available for investment.

SECTION 5: INVESTOR BANK DETAILS

(This bank account must be in the name of the legal entity stated in Section 1)

Name of Account Holder

Name of Bank

Account Number

Branch Name

Branch Code

Account Type

SECTION 6: INVESTOR DECLARATION

With my signature appended to this application form, I hereby acknowledge, declare and confirm to and for the benefit of the Administrator and the Insurer that:

General

The Investor, or where applicable, the Investor's authorised signatory, by appending their signature hereto, further states, declares, warrants, acknowledges, understands, confirms and consents that;

(Select one option only)

- ☐ No Financial Services Provider has been appointed and that all references made to such shall not be applicable for as long as no such appointment is made.
- ☐ A Financial Services Provider has been appointed to assist with this investment on a discretionary basis (in which case proof of authority must be provided by the investor to the Administrator)
- ☐ A Financial Services Provider has been appointed to assist with this investment on a non-discretionary basis.

1. The Financial Adviser who actually recommended this investment to me and who advised me in respect of the completion and submission of this application form:
 - 1.1. is licensed and authorised by the Financial Services Conduct Authority "FSCA" as a Financial Services Provider (FSP) in terms of the FAIS act to provide the advice and financial services in terms of his/her FAIS licence(s) and read together with the conditions or restrictions applicable to his/her FAIS licence(s); and
 - 1.2. has provided me with sufficient particulars relating to the investment; and
 - 1.3. is authorised and mandated in all respects to act on my behalf, including, but not limited to, the making of representations and giving of warranties to the Product Issuer, the Insurer and the Administrator on my behalf, that are required in terms of the investment into the Policy; and
2. I have the responsibility to determine whether the Financial Adviser who recommended this investment to me has the necessary authorisation, and I understand that confirmation of the authorisation can be obtained from the "FSCA" by phoning the following toll-free number: +27 (0) 800 203 722; and
3. The Policy information contained in the Product Brochure has been fully and adequately explained to me by my Financial Adviser; and
4. I understand and comprehend that the value of the underlying investment and investment returns may fluctuate from day to day and that past investment returns are not providing me, as the investor, with a guarantee of similar future investment returns; and
5. I understand and comprehend all the fees and charges payable to the various persons and entities in terms of the Policy; and
6. I have read the Product Brochure, the Terms and Conditions and this application form and fully understand and comprehend the contents thereof and therefore consent to be legally bound by all the Policy Terms and Conditions; and
7. I confirm that neither the Issuer, Insurer nor the Administrator has given me any advice in respect of the tax, legal, accounting, regulatory and/or financial consequences of investing in the Policy and that I have obtained my own independent professional advice in respect of all these aspects; and
8. I state and declare that all the statements given in the application form are true and correct in every respect and that such statements, together with the Policy Summary, the Product Brochure and Policy Terms and Conditions, shall form the basis of the contract which is to be entered into with the Insurer, as well as the contract between the Investor and the Financial Adviser. In the event of any conflict between this document and that of any other documents as mentioned above, the Policy Terms and Conditions document will prevail; and
9. I warrant that all statements, declarations and representations by me in this Application Form are for the benefit of the Insurer and consent to my personal information being used by the Insurer and the Administrator in order to perform administration services in respect of this policy; and
10. My Financial Adviser is not an employee or agent of the Insurer or the Administrator and that the Insurer, or the Administrator cannot be held liable for any action or omission by me or my Financial Adviser on my behalf; and
I have the responsibility to ensure that this Application Form and/or any instruction to the Administrator on behalf of the Insurer, or email is actually received; and
11. I have the responsibility to ensure that this Application Form and/or any instruction to the Administrator on behalf of the Insurer, or email is actually received; and
12. The investor confirms that he is not a United States Person or a resident/national in any of the UN Sanctioned countries jurisdictions or is an entity or a member of an entity, that is owned or controlled by any person or entity that is resident, located, incorporated or registered in the United States or any UN Sanctioned country nor a US person as defined in the Foreign Account Tax Compliance Act of the USA. In terms of the Financial Intelligence Centre Act, 2001, the Insurer or the FSP/Representative will require a certified copy of the Investor's identity document/passport, appropriate proof of the Investor's current residential address, together with certain personal and financial information. The information required will vary depending on the nature of the investor. The investor further acknowledges that, the Administrator will not be permitted to remit the proceeds of any sale or distribution until acceptable identification is provided. The investor also acknowledges that the money which he is investing is not derived from the "proceeds of unlawful activities", as defined in the Prevention of Organised Crime Act (POCA)

13. I understand that the Insurer and the Administrator may be obliged to disclose my personal information in terms of the requirements of any law;
14. If I terminate or materially amend the appointment, authority or mandate of my Financial Adviser, it is and remains my responsibility to immediately advise the Administrator in writing of such termination or amendment whereupon (if applicable) the Administrator will cease payment of any or some fees, as the case may be, to the relevant Financial Adviser and/or according to the distribution agreement between the Administrator and the relevant Financial Adviser; and
15. I fully understand and comprehend that if I redeem or terminate my Endowment Policy earlier than the scheduled maturity date, the market value of the underlying investment less penalty fees will be payable. I understand that if I cancel the Endowment Policy within the cooling-off period, the investment amount less the cost of any benefits, the fees and charges of the investment and market or currency losses will be refunded to me, and that I will not receive any market growth or interest.
16. If I have not appointed a Financial Adviser or FSP to assist me with this investment, then the references above to a Financial Adviser and FSP will not be applicable for as long as no such appointment is made by me and I confirm that:
 - 16.1. I have not received from the Administrator, the product issuer nor the Insurer any assurance, warranty or guarantee as to the expected results or financial or investment returns of the policy; and
 - 16.2. I am capable of assessing and assuming the risks of whatsoever nature, and in fact accept and assume all the risks of, associated with, and related to the investment policy.
17. I authorised "The Administrator" to accept instructions on my behalf from a discretionary "FSP".
18. Where this application is signed in a representative capacity, I acknowledge and declare that I have the necessary authority to do so, and in the absence of the required authority that I may be held personally liable for performance in relation to this investment.

Fees and charges that apply to this product

The fees that apply to each investment product are different and may be integrated into the Policy and the underlying instrument or charged as separate transactions. You should consult the specific Investment Product Media associated to this product for details about these charges before you confirm and accept them by entering them below.

<input type="text"/>	,	<input type="text"/>	% Once off financial advice fee (including Vat)
<input type="text"/>	,	<input type="text"/>	% Once off administration fee (including Vat)
<input type="text"/>	,	<input type="text"/>	% Once off insurer fee (No Vat charged on endowment policy)
<input type="text"/>	,	<input type="text"/>	Total once off fee for the period

Additional fees and charges:

I acknowledge that I elect to:

- a) Withdraw, partially withdraw or surrender my investment earlier than the scheduled maturity date; or
- b) Cede my rights in respect of the policy to a third party;

I may not receive the full amount back that I initially invested and in addition I will be liable to pay to the Administrator the following additional charges and/or fees;

- Cession Fee: R570,00 (Five Hundred and Seventy Rand) excluding VAT.

Acceptance of product terms and conditions

By signing this application form, you acknowledge that you fully understand the latest terms and conditions associated to this product and the implications thereof. The terms and conditions are displayed separately from this application form and are available from (1) your financial adviser (2) from the Forms and Downloads section on the Administrator's website (www.itransact.co.za) or (3) by contacting the Administrator directly on the details available at the end of this application form.

I hereby acknowledge and understand that I will be legally bound by any contract entered into between the Issuer, Insurer and the Administrator in order to fulfil and deliver this instruction which I have authorised, and: I acknowledge that I understand and agree to the fees, charges and penalties applicable to this investment and, where applicable, have also discussed and agreed to them with my Financial Adviser, specifically the initial advice fee payable to my Financial Adviser as specified in this application form.

Signature of the person/s who are duly authorised to act on behalf of the legal entity stated in Section 1

Print Initials and Surname

Date (ddmmyyyy)

<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>

SECTION 7: FINANCIAL SERVICES PROVIDER DECLARATION (IF APPLICABLE)

1. The Financial Services Provider (“FSP”) through whom the application for an investment is being made, confirms that the FSP and the Financial Adviser named in section 9 are licensed (in the case of the FSP) and authorised (in the case of the Financial Adviser) to provide the relevant financial services in respect of the financial products to which this application relates. (A certified copy of the FSP licence in terms of the Financial Advisory and Intermediary Services Act, 2002, (“FAIS”) must be supplied); and
2. The FSP specifically confirms that the FSP and the Financial Adviser are “fit and proper”, as required by FAIS, to provide the relevant financial services in respect of the financial products to which the application relates; and
3. The FSP/authorised representative of the FSP by appending his/her signature hereto, states and declares the FSP/authorised representative of the FSP has read and understood the terms and conditions pertaining to this investment product and that the FSP will be bound by these terms and conditions insofar as such terms and conditions affect the FSP; and
4. The FSP warrants that all statements given by him/her/it in the application form are true and correct in every respect; and
5. The FSP/Financial Adviser will not negotiate fees in respect of the Policy which are higher than the maximums stipulated in section 7; and
6. The FSP further warrants and confirms that he/she/it has explained all the features of the Policy and its underlying investments to the Investor, including, but not limited to all the fees, costs, penalties and risks involved and has made all disclosures required in terms of FAIS to the Investor; and
7. The FSP is the primary accountable institution in terms of the regulations to the Financial Intelligence Centre Amendment Act, 2017 (“FICA”), in respect of the Investor; and
8. The FSP has established and verified the identity of the Investor, as required in terms of section 21 of FICA and all published and applicable sanction lists, before entering into a business relationship with him/her or before concluding any transactions with him/her or for and on his/her behalf with the Issuer, Insurer and the Administrator; and
9. The FSP will keep records of information relating to the Investor as is required in terms of section 22 of FICA; and
10. The FSP will provide the Administrator with any information and documentation requested by it in relation to the Investor, immediately on request; and
11. The FSP has read the terms and conditions pertaining to the investment policy, including but not limited to the Product Brochure, Application Form, Policy Terms and Conditions, as well as all the additional investment media pertaining to the policy and declares that the FSP fully understands and appreciates the content thereof; and
12. All statements given by the FSP in the Application Form are true and correct in every respect and that such statements shall form the basis of the contracts, which are to be entered into between the Investor, the FSP, the Administrator and the Insurer.

Please Select Applicable Option:

- ☐ The FSP is appointed on a non-discretionary basis
- ☐ On a full discretionary basis, in which case proof of authority must be provided

Signature of Authorised Financial Services Provider/Representative

Date (ddmmyyyy)

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Print Initials and Surname

[illegible]

SECTION 8: FINANCIAL SERVICES PROVIDER, FINANCIAL ADVISER/REPRESENTATIVE DETAILS (IF APPLICABLE)

Financial Services Provider Details

Name of Financial Services Provider (If a legal entity)

[illegible][illegible]

Telephone Number

[illegible]

Facsimile Number

[illegible]

Email Address

--

Financial Services Provider Code with Itransact (House Code)

[illegible]

Tick the box if the details below are the same as the FSP details above

11

Financial Adviser/Representative Details

First Name

[illegible]

Surname

[illegible]

Telephone Number

[illegible]

Facsimile Number

[illegible]

Email Address

[illegible]

Financial Adviser/Representative Code with Itransact

[illegible]

SECTION 9: IMPORTANT CONTACT INFORMATION

Financial Advisor Support Centre

Telephone 086 143 2383 | Email info@itransact.co.za

Investor Support Centre

Telephone 086 146 8383 | Email investor@itransact.co.za

www.itransact.co.za



ACTING ON BEHALF OF AN INVESTOR

This form must be completed by each authorised signatory, each person acting on behalf of the investor and all controlling persons.

Each authorised representative of the legal entity must complete this form. In the event that more than one person is authorised to act on behalf of the investor, copies must be made of this section.

IMPORTANT INFORMATION

This document must be sent together with the product application form to the Administrator by email at newbus@itransact.co.za

SECTION 1: DETAILS OF THE PERSON ACTING ON BEHALF OF THE INVESTOR

Title	Mr	<input type="text"/>	Ms	<input type="text"/>	Mrs	<input type="text"/>	Dr	<input type="text"/>	Prof	<input type="text"/>	The Hon	<input type="text"/>
Name	<input type="text"/>											
Surname	<input type="text"/>											
	<input type="text"/>											
Date of Birth (ddmmyyy)	<input type="text"/>											
Identity/Passport Number	<input type="text"/>											
Nationality	<input type="text"/>											
Income Tax Number	<input type="text"/>											
Residential Address	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>										Code	<input type="text"/>
Postal Address	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>											
	<input type="text"/>										Code	<input type="text"/>
Cell Phone Number	<input type="text"/>											
Other Contact Number	<input type="text"/>											
Email Address	<input type="text"/>											
	<input type="text"/>											

Are you a registered tax payer in any country other than South Africa?
If yes, please specify:

Yes ☐ No ☐

Country of Tax Residence

Tax Identification Number

DECLARATION

I confirm that all information provided herein it true and correct and that I have read and understood the contents of this form.
I agree to notify the administrator immediately if information on this change.

Signature

Date (ddmmyyyy)

Print Initials and Surname