



STRUCTURED NOTE

NEW BUSINESS APPLICATION FORM FOR INDIVIDUALS

VERSION NUMBER 6.1

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	Email your documents to: newbus@itransact.co.za
Send documents to Itransact via Email	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.
www.itransact.co.za	Document Checklist
	Completed application form
	Copy of your bar coded South African ID, valid passport (if a foreign national) or birth certificate (if a minor)
	Proof of your bank details not older than 3 months
	Additional forms that may be requested from you in this application form
	Where the investment is made on behalf of a minor, please complete Annexure A
STEP 3 Fulfilment	 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	 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: INVESTOR DETAILS

Title	Mr	١	Ms [1	Mrs		Dr		P	rof		Т	he H	on [
First Name																
Surname																
Identity/Passport Number																
Resident of South Africa	Yes	١	۱٥ [
Date of Birth																
Gender	Male	F	ema	ale												
Income Tax Number (if applicable)																
Withholdings Tax Status (if applicable)	Exempt	N	lot E	xem	npt			adm	inist		Exem rs Di					
Residential																
											Co	ode [
Tick if postal address is same as residential																
Postal Address																
											Co	ode [
Cell Phone Number																
Other Contact Number																
Email Address																
Are you a foreign prominent public official or a domestic prominent influential person? If yes, please specify:		Yes			No)										



SECTION 2: FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA)

(The Foreign Account Tax Compliance Act (FATCA) is a United States federal law requiring United States persons (including those living outside the U.S.) to have yearly reported themselves and their non-U.S financial accounts to the Financial Crimes Enforcement Network (FINCEN), and requires all non-US (Foreign) Financial Institutions (FFI's) to search their records for suspected US persons for reporting their assets and identities to the US Treasury)

Are you or any controlling person associated with this investr	Yes No	
Are you a tax resident of another country other than South A	frica?	Yes No
If yes, please complete the below section		
Countries of Citizenship	Passport Number	
Tax information		
If you are a resident in the US you must also complete and retu www.irs.gov, and include any additional tax residencies in the t		W-9 form, available on
Countries of Citizenship	Passport Number	



SECTION 3: METHOD OF COMMUNICATION & PRIVACY OF PERSONAL INFORMATION

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.

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 6: INVESTMENT DETAILS
Note to Financial Services Provider/Advisor (where applicable) Please be aware of the applicable FAIS license(s) below which are required to market certain structured notes and products.
Category 1.8 - Shares
Category 1.24 - Structured Deposits
Category 1.25 - Securities & Instruments
Source of Funds Salary Policy Donation Saving Investment
Inheritance Other (Please Specify below)
Minimum Investment Amount The minimum investment amount may differ from product to product. Refer to the applicable product marketing material minimum investment amounts before signing this application form.
Which currency are you investing in? (Choose one only)
ZAR USD GBP EURO CHF
PRODUCT NAME LUMP SUM AMOUNT*
* Please ensure you understand the fee structure explained in "Fees & Charges" further below.
Method of Payment (Note that Itransact does not accept cheques)
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.

SECTION 4: INVESTOR BANK DETAILS															
SOUTH AFRICAN BANK ACCOUNT															
(This bank account must be in the name of the investor or the	e inve	estor	's leg	al gu	ardia	ın in t	:he ca	ase o	fam	inor.)				
Name of Account Holder															
Name of Bank															
Account Number															
Branch Name															
Branch Code															
Account Type															
/ cedant Type															
FOREIGN BANK ACCOUNT															
(This bank account must be in the name of the investor or th	e inve	stor':	s lega	al gua	ardia	n in tl	he ca	se of	am	inor.))				
Beneficiary Bank Account Details															
Name of Account Holder															
Name of Bank															
Full Address of Bank															



Account Number									
IBAN									
BIC/SWIFT									
Currency of Account									
Correspondent Bank Account Details									
Name of Bank									
Full Address of Bank									
BIC/SWIFT									

SECTION 5: INVESTOR DECLARATION

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)

A Financial Services Provider has been appointed to assist with this investment on a non-discretionary basis.
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)



And that:

- 1. The latest terms and conditions and the relevant investment media including the features of the Plan including, but not limited to, its underlying investments, fees, costs, disclosures and risks associated to investing in the Plan have been read and fully understood, and that the aforesaid information has been obtained by the Investor itself, and that it is the Investors responsibility to act upon this information, whether a Financial Service Provider has been appointed or not.
- 2. All statements provided by the Investor in this form are true and correct in every respect and that such statements, together with the Administrators investment confirmation, shall form the basis of the contract, which is to be entered into with the Administrator in terms of the Financial Advisory and Intermediaries Services Act (FAIS).
- 3. Where a Financial Services Provider has been appointed, that neither the Financial Services Provider nor any representative of the Financial Services Provider is an employee or agent of the Administrator and that the appointed Financial Services Provider acts as the Investor's agent and that neither the Administrator nor any other party appointed from time to time to administer the Plan can be held liable for any act or omission of the Financial Services Provider and/or any representative of the Financial Services Provider.
- 4. If the appointed Financial Services Provider and/or its representative's services are terminated, that it is the Investors responsibility to immediately inform the Administrator in writing of such termination where after the Administrator will cease payment of all fees, other than accrued fees, to the Financial Services Provider.
- 5. All instructions to the Administrator must be signed by the Investor or the Investor's duly authorised signatory (or guardian in the case of a minor) and may not be signed by the Financial Services Provider on behalf of the Investor, except where the Financial Services Provider is appointed on a discretionary basis and proof of authority has been provided by the Investor the Administrator.
- 6. It is the Investor's responsibility to ensure the receipt of any instruction and/or document by the Administrator.
- 7. There are certain requirements in terms of the Financial Intelligence Centre Act (FICA) which need to be complied with before this investment may be processed and that these requirements have been understood by the Investor and where applicable explained to the Investor by the Financial Services Provider.
- 8. The Investor 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)
- 9. To receiving reports from the Administrator on a regular basis.
- 10. Online services are provided to Investors on a continual basis where Investors apply for such services from the Administrator.
- 11. Where the value of the investments held under the Plan at any time is less than R1000, that the Administrator reserves the right to cancel the Plan without informing the Investor and/or where applicable, the appointed Financial Services Provider, and refund the amount to the Investors bank account recorded on this form.
- 12. Where the Investor has appointed a Financial Services Provider, the Investor agrees that the Financial Service Provider is able to access the Investors information continuously via electronic means made available by the Administrator.

Fees and Charges

Please take special care in understanding how the financial advice and a administrative fees differ from each other, how they are applied and subsequently deducted from this investment.

Initial advice fee

Financial advice fees may or may not be integrated into the structure of the underlying investment instrument. Please read the product marketing material carefully and confirm the fees with the financial services provider you have appointed in this application form.

Administration fee

Administration fees may or may not be integrated into the structure of the underlying investment instrument. Please read the product marketing material carefully and confirm the fees with the financial services provider you have appointed in this application form.

Investment Management Fee

Where applicable. Please read the product marketing material carefully and confirm the fees with the financial services provider you have appointed in this application form.



Initial Advice Fee (paid once only and upfront to the Financial Services Advisor, inclusive of VAT)	•
Administration Fee (paid once only and upfront to the Administrator, inclusive of VAT)	• %
Investment Management Fee (only where applicable). Paid once only and upfront to the Financial Service Provider, inclusive of VAT	•%
TOTAL FEES (inclusive of VAT)	• %
Additional fees and charges:	
I/we acknowledge that if I/we elect to:	
a) redeem my/our investment in the Product earlier than the scheduled maturity date of the Product; c b) cede my/our rights in respect of the investment into the Product to a third party,	or
I/we will not receive the full amount back that I/we initially invested (in any event and depending on the n I accept that I might not get my full investment back) and in addition I/we may be liable to pay the Admini additional charges and/or fees*:	
 An early redemption fee of 1.00% (One Percent incl VAT) may apply A cession fee of R570.00 (Five Hundred & Seventy Rand incl VAT) may apply 	
PRODUCT TERMS AND CONDITIONS	
Acceptance of product terms and conditions By signing this application form, you acknowledge that you fully understand the latest terms and condition product and the implications thereof. The terms and conditions are displayed separately from this application available from (1) your financial advisor (2) from the Forms and Downloads section on the Adri (www.itransact.co.za)or (3) by contacting the Administrator directly on the details available at the end of this	ication form and are ministrator's website
Date (delegae, u.u.)	



SECTION 6: FINANCIAL SERVICES PROVIDER DECLARATION (IF APPLICABLE)

General

- The Financial Services Provider ("FSP") through whom the application for an investment is being made confirms that the FSP and the Financial Advisor named in section 10 are licensed (in the case of the FSP) and authorised (in the case of the Financial Advisor) 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). The FSP specifically confirms that the FSP and the Financial Advisor 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.
- 2 The Financial Services Provider ("FSP") through whom the application for an investment is being made confirms that the FSP and the Financial Advisor named in section 10 are licensed (in the case of the FSP) and authorised (in the case of the Financial Advisor) 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.
- 3 The FSP specifically confirms that the FSP and the Financial Advisor 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.
- 4 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 shall be bound by these terms and conditions insofar as such terms and conditions affect the FSP. The FSP warrants that all statements given by him/her/it in the application form are true and correct in every respect.
- 5 The FSP/Financial Advisor shall not negotiate fees in respect of the itransact Securities Investment Plan which are higher than the maximums stipulated in section 8.
- 6 The FSP further warrants and confirms that he/she/it has explained all the features of the itransact Securities Investment Plan and its underlying investments to the Investor, including, but not limited to all the fees, costs and risks involved and has made all disclosures required in terms of FAIS to the Investor.
- 7 The FSP declares and confirms that:
 - The FSP is the primary accountable institution in terms of the regulations to the Financial Intelligence Centre Act, 2001 ("FICA"), in respect of the Investor;
 - The FSP has established and verified the identity of the Investor, as required in terms of section 21 of FICA;
 - The FSP will keep records of information relating to the Investor as is required in terms of section 22 of FICA;
 - The FSP will provide Automated Outsourcing Services (Pty) Ltd with any information and documentation requested by it in relation to the Investor, immediately on request.

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 Date (ddmmyyyy) Signature of Authorised Financial Service Provider/Representative Print Initials and Surname SECTION 7: FINANCIAL SERVICES PROVIDER DETAILS (IF APPLICABLE)

Financial Service Provider Details Name of Financial Services Provider (The Company) FSP house code with Itransact PRI Code (For ABSA advisors Only)



Telephone										
Facsimile										
Email										
Tick the box if the details below are the same as the FSP deta	ails ab	ove								
Name of Financial Advisor/Representative										
Advisor/Representative code with Itransact										
Telephone										
Cell										
Facsimile										
Email										

SECTION 8: IMPORTANT CONTACT DETAILS

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

ANNEXURE A

ACTING ON BEHALF OF AN INVESTOR

This form must be completed where a natural person (who is not a registered FSP and is not providing advice or financial services to the investor) is acting on behalf of the investor (eg parent or legal guardian of a minor).

SECTION 1: DETAILS OF THE PERSO	ON A	ACT	INC	90	N B	EH	IAL	FΟ	FΤ	ΗE	IN۱	/ES	то	R				
						_			_			_						
Title	Mr			Ms			Mrs			Dr		F	Prof		٦	Γhe F	lon	
Name																		
Surname																		
Date of Birth (ddmmyyy)																		
Identity/Passport Number																		
Nationality																		
Relationship																		
Residential Address																		
													C	ode				
Postal Address																		
													Co	ode				
Cell Phone Number																		
Other Contact Number																		
Email Address																		
Are you or any controlling person associated with	n this	inves	stme	ent a	ı US	citi	zen c	r US	resi	den	cy?			Yes [No [
Are you a tax resident of another country other th	nan S	outh	Afr	ica?										Yes []	No [
If yes, please complete the below section														[J	- [

Countries of Citizenship			Passp	ort N	Num	ber										
		[
Tax Information																
If you are a resident in the US you must also complete a www.irs.gov, and include any tax residencies in the table bel	and returi low:	n ar	n Inter	nal R	ever	nue Se	rvice	s ("IF	RS")	W-9	9 for	m, a	avail	able	on	the
Countries of Tax Residency		,	Tax N	lumb	er											
DECLARATION																
I confirm that all information provided herein it true and corr	ect and t	hat I	l have	read	and (unders	stood	the	cont	tents	of th	his fo	orm.			
I confirm that I am authorised to act on behalf of the investor	r. (e.g. pa	irent	, legal	guar	dians	s, etc)										
I agree to notify the administrator immediately if information	n on this c	chan	ige.													
I am aware that the administrator is obliged to provide the transact with them. SARS will in turn pass the information to										erta	in inf	orm	atio	n wl	hen	you
				D-	oto (o	ldmm	0000		<u> </u>							
Signature			•	νā	ate (C	ldmmy	уууу,	'L								
Print Initials and Surname																