

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).

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			Ms		١	1rs			Dr		Р	rof		Т	he F	lon	
Name																		
Surname																		
Date of Birth (ddmmyyy)]	1	I		II				
Identity/Passport Number]								
Nationality																		
Relationship										 	<u> </u>							
										l	l	<u> </u>						
Residential Address																		
													Co	ode [
Postal Address																		
													1					
													Co	ode				
Cell Phone Number																		
Other Contact Number																		
Email Address																		
Are you or any controlling person associated with this investment a US citizen or US residency? Yes											VAS [No [\neg			
												, 63	3 110					
Are you a tax resident of another country other than South Africa?												Yes [No [
If yes, please complete the below section		If yes, please complete the below section																

Countries of Citizenship			Passp	ort l	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 returr ow:	n an	n Inter	nal F	Rever	nue Se	ervice	es ('	'IRS'	') W	/-9 f	orm,	ava	ilable	e or	n the
Countries of Tax Residency			Tax N	lumb	er											
DECLARATION																
I confirm that all information provided herein it true and corr	ect and th	hat I	have	read	and	under:	stoo	d the	e co	nter	nts of	this	forn	٦.		
I confirm that I am authorised to act on behalf of the investor	r. (e.g. pai	rent	, 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											tain i	nfori	mati	on w	/her	ı you
				۲	ata (ddna		٦,								
Signature				Di	ate (d	ddmm	ууу)	y) [_								
Print Initials and Surname																