

ACTING ON BEHALF OF AN INVESTOR - INDIVIDUAL

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			Mrs			Dr		Р	rof		Т	he F	lon	
Name																		
Surname																		
							Ī											
Date of Birth (ddmmyyy)								<u> </u>]		l	l					
Identity/Passport Number																		
Nationality																		
Relationship																		
Residential Address																		
													Co	ode				
Postal Address																		
				I			<u> </u>]	ode [
C II DI LA LA							<u> </u>											
Cell Phone Number																		
Other Contact Number																		
Email Address																		
Are you or any controlling person associated with this investment a US citizen or US residency?																		
Are you a tax resident of another country other th	nan S	outh	Afr	ica?									,	Yes			No	
If yes, please complete the below section																		

Countries of Citizenship		Passport Number																
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Tax Information		_																
If you are a resident in the US you must also complete www.irs.gov, and include any tax residencies in the table be	and re	eturn a	an In	tern	nal F	Reve	nue	Serv	vices	("IR	(S")) W	-9 f	orm,	ava	ilable	e or	n the
Countries of Tax Residency			Tax Number															
DECLARATION		_																
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I confirm that all information provided herein it true and cor									<i>3</i> 00	ine c	JOI	iterii	LS OI	UIS	IOII	1.		
I confirm that I am authorised to act on behalf of the investor	or. (e.g	j. parei	nt, le	galg	guar	rdıar	ıs, et	C)										
I agree to notify the administrator immediately if information	n on t	his cha	ange.															
I am aware that the administrator is obliged to provide the transact with them. SARS will in turn pass the information to													ain i	nfori	mati	on w	her	n you
					_													
Signature			_		D	ate ((ddm	nmyy	/yy)									
Print Initials and Surname				$\overline{}$							1							
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