



## ACTING ON BEHALF OF AN INVESTOR - LEGAL ENTITY

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](mailto:newbus@itransact.co.za)

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

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"/>
Name	<input type="text"/>					
Surname	<input type="text"/>					
Date of Birth (ddmmyy)	<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 registered tax pany in any country other than South Africa?

Yes  No

If yes, please specify:

Country of Tax Residence

Three empty rectangular boxes for entering the country of tax residence.

Tax Identification Number

Three rows of 13 empty boxes each for entering the 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.

\_\_\_\_\_

Date (ddmmyyyy)

**Signature**

Print Initials and Surname

Two rows of 13 empty boxes each for printing initials and surname.