

Tax information addendum - Entities

Important information

- Please read all the information in this form carefully and ensure that you understand it.
- Any writing/instruction outside of the allocated fields will not be processed.
- We require this information in order to fulfil our obligations to the South African Revenue Services (SARS) for FATCA (Foreign Account Tax Compliance Act) and CRS (Common Reporting Standards) reporting under agreements for the Automatic Exchange of Information relating to tax residency.
- The Multilateral Competent Authority Agreements signed between the Government of South Africa and other countries were designed to improve international tax compliance.
- Sanlam and all its group companies are thus required to collect information from each client to ensure that their identification
 and classification is correct according to the tax requirements. We will report on clients' tax status to SARS.
- If you need assistance filling in this tax information, please contact your tax adviser.

Please send the completed form to: <u>UTinstructions@satrixsupport.com</u> or fax it to 011 263 6155 lf you have any questions, contact us on: <u>0860 111 401 or email unittrusts@satrix.co.za</u>

1. Entity details			
Investor code			
Registered name of legal entity			
Entity registration number			
Country of incorporation	Country of residence		
Additional nationality/citizenship			
Primary country of residence for tax purposes			
Tax Identification Number			
Is the organisation a registered tax payer of any other residence?	country other than your primary country of	Ye	s No
If "Yes", please complete the information below for ea	ach country of tax residency:		
Country of tax residence	Tax Identification Number	OR	Not Applicable
By ticking "Not Applicable", you confirm that the country	ry specified does not issue a Tax Identification	n Number.	
2. Organisation's classification und	der FATCA		
It is mandatory to classify yourself in this section. For for FATCA and CRS document, available at www.satru			dency Classification
If your organisation is a Financial Institution, pleas	se specify which type:		
South African Financial Institution or a Partner	Jurisdiction Financial Institution		
Participating Foreign Financial Institution (in a r	non-IGA jurisdiction)		
Non-Participating Foreign Financial Institution ((in a non-IGA jurisdiction)		
Financial Institution resident in the USA or in a	US Territory		
Exempt Beneficial Owner (this includes a South Organisation or an International Organisation)	h African registered retirement scheme, a S	outh Africa	n Governmental
Deemed Compliant Foreign Financial Institution Local Client Base)	n (includes Non Profit Organisations and Fi	nancial Inst	itutions with a
	le	vitial	

Investor code						
If your organisation is not a	a Financial Institution, pleas	e specify below :				
Active Non-Financial F	oreign Entity					
Passive Non-Financial	Foreign Entity (Please comple	ete Section 4 for Controlling P	ersons)			
Please select an option if y	our organisation is a US tax	resident and not a specified	d US person:			
A regularly traded corp	poration on a recognised stock	exchange				
Any corporation that is recognised stock exch	a member of the same expanange	ded affiliated group as a regu	larly traded corporation on a			
A government entity						
Any bank as defined in	n section 581 of the U.S. Intern	nal Revenue Code				
A retirement plan unde Code	er section 7701(a)(37), or exer	npt organization under sectior	n 501(a) of the U.S. Internal Revenue			
OR any other exclusio	n					
3. Organisation's	classification under (Common Reporting S	tandard			
	rence to the primary country					
	nder CRS (this includes all Nor I international organisation.)	n Reporting Financial Institutio	ns for example a pension scheme,			
	ocated in a Non-Participating J complete section 4 for Controll	9	nother Financial Institution (If this box			
	y trades on an established sed market or a corporation which					
A Government Entity,	a Central Bank or an Internation	onal Organisation.				
Active Non-Financial Entity						
Passive Non-financial	entity (Please complete Section	on 4 for controlling persons)				
4. Controlling pers	sons self-certification	1				
natural person. We may be	e obliged to share informatio	n about your Controlling Per	ncy. The Controlling Person must be a sons with SARS who may share the CA documentation for each Controlling			
	details of documentation requ		or accumentation for each controlling			
Details of controlling per	rson 1					
Full name(s) and surname						
Permanent residential						
address						
Country			Postal code			
Postal address Only complete if different from Permanent residential address						
Country			Postal code			
Date of birth	(ddmmccyy)	Country of birth				
	Passport	number				
Passport country of issue		Passport expiry date	(ddmmccyy)			
Social Security Number (if US						
			Initial			
			· ·			

Primary country of tax reside	ence				
Tax Identification Number					
Are you a registered tax pay	er of any country other than	your primary country of residence?	Yes		No 🗍
If "Yes" please complete the	information below for each	country of tax residency.			
Country of tax residence	e	Tax Identification Number		OR	Not Applicable
If you are a USA citizen you a Details of controlling pe	re resident for tax purposes in	pecified does not issue a Tax Identifi n the USA	cauon nun	nber.	
Title Mr Mrs	Miss Other (specify)				
Full name(s) and surname					
Permanent residential address					
Country	Postal code				
Postal address Only complete if different from Permanent residential address					
Country			Postal co	de _	
Date of birth	(ddmmccyy)	Country of birth			
SA ID Number	Passpo	ort number			
Passport country of issue		Passport expiry date			(ddmmccyy)
	S Citizen)				
Social Security Number (if U					
•	·				
Social Security Number (if U Primary country of tax reside Tax Identification Number	·				
Primary country of tax resident	ence				No
Primary country of tax resident	er of any country other than	your primary country of residence?		1	No 🔲
Primary country of tax reside Tax Identification Number Are you a registered tax pay	er of any country other than information below for each	your primary country of residence?		1 OR	No No Not Applicable
Primary country of tax reside Tax Identification Number Are you a registered tax pay If "Yes" please complete the	er of any country other than information below for each	your primary country of residence?			
Primary country of tax reside Tax Identification Number Are you a registered tax pay If "Yes" please complete the	er of any country other than information below for each	your primary country of residence?			

Initial _____

Details of controlling pe	erson 3				
Title Mr Mrs	Miss Other (specify)				
Full name(s) and surname					
Permanent residential address					
Country		F	Postal co	de	
Postal address					
Only complete if different from Permanent residential address					
Country		F	Postal co	de _	
Date of birth	(ddmmccyy)	Country of birth			
SA ID Number	Passpo	ort number			
Passport country of issue		Passport expiry date			_ (ddmmccyy)
Social Security Number (if U	JS Citizen)				
Primary country of tax resid	ence				
Tax Identification Number					
Are you a registered tax pay	er of any country other than	your primary country of residence?	Yes	,	No
If "Yes" please complete the	e information below for each o	country of tax residency.			
Country of tax residence	ce	Tax Identification Number		OR	Not Applicable
	are resident for tax purposes in	pecified does not issue a Tax Identific o the USA	ation nun	nber.	
Title Mr Mrs	Miss Other (specify)				
Full name(s) and surname					
Permanent residential					
address					
Country			Postal co	de	
Postal address		·		_	
Only complete if different from Permanent residential address					
Country			Postal co	de	
Date of birth	(ddmmccyy)	Country of birth			
SA ID Number	· ·	ort number			
Passport country of issue		Passport expiry date			_ (ddmmccyy)
Social Security Number (if U	· -				
	ence				
Tax Identification Number					
		your primary country of residence?	Yes		No
If "Yes" please complete the	e information below for each o	country of tax residency.		=	
Country of tax residence	ce	Tax Identification Number		OR	Not Applicable
				_	
]	
	you confirm that the country spare resident for tax purposes in	pecified does not issue a Tax Identific In the USA	ation nun	nber.	
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5. Declaration by investor/Authorised representative

- I/We certify that the information provided about my/our country of citizenship and country of tax residence is correct.
- I/We will notify Satrix Managers (RF) (Pty) Ltd immediately if my/our tax residency for Foreign Account Tax Compliance Act ('FATCA') or equivalent classification changes or if there are any changes in circumstances that may impact on my/our tax residency status and/or FATCA classification.

*Authorised signatory	Date signed	(dd/mm/ccyy)
*Authorised signatory	Date signed	(dd/mm/ccyy)
*Authorised signatory	Date signed	(dd/mm/ccyy)
*Authorised signatory	Date signed	(dd/mm/ccyy)

^{*}Authorised signatory (ies) acting on behalf of the investor.



FICA - Additional information required

Important information

Each person acting on behalf of the investor will need to complete the sections below. In the event that more than one person is authorised to act on behalf of the investor, copies of this section can be made as required and must accompany the fully completed application form.

The information required is **mandatory** to meet legislative requirements and therefore the application will not be processed without receiving the additional information for each applicable party.

Particulars of invest	tor			
Entity registration number				
Tax status of person	n acting on beh	nalf of Investor		
Title Mr Mrs	Miss Other (s	specify)		
Full name(s) and surname				
Permanent residential _ address				
Country			Postal code	
Postal address Only complete if different from Permanent residential address				
Country			Postal code	
Date of birth	(ddmr	mccyy) Country of birth		
Passport country of issue		Passport expiry date	·	(ddmmccyy)
Social Security Number (if U	JS Citizen)			
Tax Identification Number				
Are you a registered tax pay	er of any country other	er than your primary country of reside	ence? Yes	No
If "Yes" please complete the	information below for	r each country of tax residency.		
Country of tax residence	e	Tax Identification Number	OR	Not Applicable
De ticking (Mat Applicable)		two and officed does not income a Tour le	dantification munches	
If you are a USA citizen, you a	ou confirm that the co are resident for tax pur	ountry specified does not issue a Tax lo poses in the USA.	ientification number.	
I certify that the information	I have provided above	e is true and correct.		
*Authorised signatory		Date signed		(dd/mm/ccyy)
*Authorised signatory acting				
5 , 0			lni+ial	
			Initial	

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FICA requirements Non-Individual Legal Entities

Documents that we accept to verify your details

Before we can enter into a transaction with you, the Financial Intelligence Centre (FICA) requires that we verify:

- Your Identity by means of a bar coded Identity document**
- Your Residential Address

Please ensure that documents clearly show your Initials, Surname, Residential/Physical address and issue date.

1. These are the documents we will accept that may not be older than 3 months

- Utility bill in the entity's name (Municipal Rates and Taxes, Water, Electricity)
- Copy of Telkom statement in the entity's name
- Copy of bank, building society or credit card statement which displays physical address in the entity's name.
- Letter from the Rental company on a rental letterhead
- Copy of long or short term insurance policy / communication excluding Sanlam, Santam or MiWay

2. These are the documents we will accept that may not be older than 12 months

- Copy of SABC television license or SABC license card which displays physical address.
- Copy of SARS document (excluding assessments or e-filing documents) which displays physical address.
- Copy of lease or rental agreement which displays physical address (it is acceptable to only accept the first and last page of the lease agreement if the lease period is reflected in these pages)

3. Close Corporations and Partnerships

- Stamped Founding Statement and Certificate of Incorporation (CK1) /Partnership Agreement
- Stamped Amended Certificate of Incorporation (CK2), only applicable if changes have been made
- Proof of Address for the Close Corporation/Partnership (refer to sections 1 and 2)
- · Resolution of Authorised Signatories
- Proof of Identity** and Address of all Members/Partners
- Proof of Identity** and Address of all persons authorised to act on behalf of the Close Corporation/Partnership

4. Trusts

Inter Vivos

- Trust Deed
- Letters of Authority (Stamped by the Master of the High Court)
- Proof of Identity** and Address of all trustees
- Resolution of Authorised Signatories
- Proof of Identity** and Address of all persons authorised to act on behalf of the Trust
- Proof of Identity** and Address of all named beneficiaries of the Trust

Testamentary

- Last will and testament or Trust Deed
- Letters of Authority (Stamped by the Master of the High Court)
- Resolution of Authorised Signatories
- Proof of Identity** and Address of all persons authorised to act on behalf of the Trust

Initial		

5. Companies

Public company

- Certificate of Incorporation (CM1 / COR14.3 that must be stamped by the Registrar of Companies); or
- Certificate of Name change (CM9)
- Notice of Registered Office and Postal Address (CM22 / COR14.1 – that must be stamped by the Registrar of Companies);
- Proof of Address for the Public Company (refer to sections 1 and 2)
- Resolution of Authorised Signatories with specimen signatures
- Proof of Identity** and Address of all persons authorised to act on behalf of the Public Company
- Proof of Identity** and Address of all persons that hold 25% or more voting rights

Private company

- Certificate of Incorporation (CM1 / COR14.3 that must be stamped by the Registrar of Companies); or
- Certificate of Name change (CM9)
- Notice of Registered Office and Postal Address (CM22 / COR14.1 – that must be stamped by the Registrar of Companies);
- Proof of Address for the Private Company (refer to sections 1 and 2)
- Resolution of Authorised Signatories with specimen signatures
- Proof of Identity** and Address of all persons authorised to act on behalf of the Public Company

6. Other Legal Entities (Unions, Associations, Medical Schemes, Clubs, Stokvels, etc.)

- Founding Document or Constitution
- Proof of Address for the Legal Entity (refer to sections 1 and 2)
- Resolution of Authorised Signatories
- Proof of Identity** and Address of all persons authorised to act on behalf of the Legal Entity

7. Retirement Funds

- A copy of an FSB document reflecting the Fund's Registration Number
- Resolution of Authorised Signatories
- Proof of Identity** and Address of all persons authorised to act on behalf of the Retirement Fund
- ** If a Smart Card is used as an identification document, please ensure that we receive a clear copy of the back and the front of the Smart Card.

SATRIX is an authorised financial services provider (FSP No. 15658) and a registered and approved Manager in Collective Investment Schemes in Securities. Collective investment schemes are generally medium- to long-term investments. Past performance is not necessarily a guide to future performance, and that the value of investments / units / unit trusts may go down as well as up. A schedule of fees and charges and maximum commissions is available from the Manager on request. Collective investments are traded at ruling prices and can engage in borrowing and scrip lending. The Manager does not provide any guarantee either with respect to the capital or the return of a portfolio. The manager has the right to close the portfolio to new investors in order to manager it more efficiently in accordance with its mandate.