

Unit Trust Application Form

Non-Individual Investors (new investors only)



- View the full list of funds and the Minimum Disclosure Documents (MDD's) with applicable fund minimums and fees, refer to www.satrix.co.za.
- The [Terms and Conditions](#) are available on the web. If you cannot access the link provided above this can be obtained from our Client Contact Centre.
- To comply with regulatory requirements we have to identify and verify you before investing your funds.
- The investment will be finalised once we receive the fully completed, dated and signed form, with all the necessary supporting documents.
- If you wish to make an EFT payment, we will provide you with our bank details and your client account number once your Unit Trust account is opened.



Completing the information correctly will ensure that the investment is processed without delays.

- All information must be accurately completed
- The form must be completed, **dated and signed** by the registered investor, or authorised signatories with valid authorisation from the investor such as a power of attorney or a mandate
- Do not write any instructions outside the allocated fields
- Initial any changes made
- Return **pages 2 to 8** to us with the relevant additional sections below.
- Complete and return the following sections if applicable:
 - **Appoint a financial adviser / broker** - Form A
 - **Authorisation from bank account holder** - Form B
 - **Regulatory Supporting Requirement**
 - **Invest on behalf of the investor** - Form C



Please note.

In terms of the Client Due Diligence Act (**CDD**), we are required to obtain supporting documents for all legal entities as well as the applicable parties acting on their behalf. Please complete the information and supply the documents as specified in the [Regulatory Supporting Information](#)



Our contact details

Send the completed form and supporting documents to:

E-mail UTinstructions@satrixsupport.co.za

If you have any questions, contact us at:

E-mail unittrusts@satrix.co.za

Tel 0860 100 266

Website www.satrix.co.za



Cut off times

Fund Type

Money market funds

All other funds

Cut off time

13:00

15:00

All required documents must be provided before the cut off time in order for your instruction to be processed on the same day.

Unit Trust Application Form

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1. Investor classification

The section is only applicable to the following parties:

<input type="checkbox"/> Sanlam Trust	VP number	_____
<input type="checkbox"/> Sanlam		
<input type="checkbox"/> Institutional		
<input type="checkbox"/> Sanlam Private Wealth (SPW) Portfolio Managers	BDA number	_____
<input type="checkbox"/> SIM Swaziland		

2. Investor details

All fields in section 1 are mandatory and must be completed in the name of the registered legal entity, regardless of who the payer is.

Registered name of legal entity _____

Trading name _____

(only complete if different from registered name)

Entity registration number _____ (15 digits)

Country of incorporation _____ Date of incorporation _____ (ddmmccyy)

Company email address _____

This email address will be used for all communication.

Type of entity

<input type="checkbox"/> Body Corporate	<input type="checkbox"/> Government / state owned	<input type="checkbox"/> Partnership
<input type="checkbox"/> Charitable organisation	<input type="checkbox"/> Listed Company	<input type="checkbox"/> Retirement Funds
<input type="checkbox"/> Church / religious organisation	<input type="checkbox"/> Linked Investment Service Provider	<input type="checkbox"/> Schools / University
<input type="checkbox"/> Close Corporation	<input type="checkbox"/> Long term insurer	<input type="checkbox"/> Stokvel
<input type="checkbox"/> Club	<input type="checkbox"/> Medical Scheme	<input type="checkbox"/> Trade Union
<input type="checkbox"/> Collective Investment Scheme	<input type="checkbox"/> Non-Government Organisation	<input type="checkbox"/> Trust
<input type="checkbox"/> Foundation	<input type="checkbox"/> Non-profit Organisation	<input type="checkbox"/> Unlisted Company
<input type="checkbox"/> Fund of Funds		

Industry type

Unit Trust Application Form (Non-Individual Investor)

- | | | |
|---|--|---|
| <input type="checkbox"/> Administrative and support services | <input type="checkbox"/> Electricity, solar, water, gas and waste services | <input type="checkbox"/> Motor wholesale, retail trade and repair |
| <input type="checkbox"/> Adult entertainment | <input type="checkbox"/> Entrepreneurship | <input type="checkbox"/> Non-profit organisation / regulated charity |
| <input type="checkbox"/> Agriculture, forestry and fishing | <input type="checkbox"/> Estate, living and family trusts | <input type="checkbox"/> Non-government organisation (NGO) |
| <input type="checkbox"/> Arts, entertainment and recreation | <input type="checkbox"/> Extractive services, mining and quarrying | <input type="checkbox"/> Professional sport |
| <input type="checkbox"/> Bank | <input type="checkbox"/> Financial and insurance | <input type="checkbox"/> Public service entity |
| <input type="checkbox"/> Broadcasting and entertainment | <input type="checkbox"/> Gambling | <input type="checkbox"/> Real estate and property services |
| <input type="checkbox"/> Chemical engineering and/or Chemical manufacturing | <input type="checkbox"/> Government services, arms and State Owned Enterprises | <input type="checkbox"/> Shell banking |
| <input type="checkbox"/> Community and social activities | <input type="checkbox"/> Healthcare and medical | <input type="checkbox"/> Transport, storage, courier and freight |
| <input type="checkbox"/> Construction and civil engineering | <input type="checkbox"/> Information technology, communication and telecoms | <input type="checkbox"/> Travel, tourism, accommodation and food services |
| <input type="checkbox"/> Consumer Goods: Wholesale and Retail | <input type="checkbox"/> Legal practitioner | <input type="checkbox"/> Virtual currencies |
| <input type="checkbox"/> Education | <input type="checkbox"/> Manufacturing | |

Registered address _____

Country _____ Postal code _____

Postal address _____
(only complete if different from registered address)

Country _____ Postal code _____

Details of contact person

Title _____ First name(s) _____

Surname _____

Date of birth _____ (ddmmccyy) Country of birth _____

Email address _____

Contact numbers	International dialling code	Area code	Number
Telephone (work) - <i>optional</i>			
Telephone (home) - <i>optional</i>			
Cell/mobile		n.a.	

3. Investment fund details

Please select the fund(s) you would like to invest in and indicate the amount you would like to invest.

If you are unsure about which funds suit your needs, please consult your broker or Sanlam financial adviser.

Please review the full list of funds and the Minimum Disclosure Documents (MDD's) with applicable fund minimums and fees, refer to www.satrix.co.za.

Unit trust fund(s)	*Class	Lump sum deposit <i>Please provide an estimate if amount is still to be confirmed</i> (R)	Monthly recurring debit order (R)	Income distribution (Please tick selection)	
				Reinvest	Payout
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>
				<input type="checkbox"/>	<input type="checkbox"/>

* If you do not specify a fund class, your investment will be allocated to a default class

4. Source of Funds and Source of Income

Please advise where the funds for this investment come from.

Source of funds (Please specify): _____

Please specify your regular source of income

Company profits Sale of shares Investment Corporate Dividends
 Other (Specify) _____

5. Payment instructions

You have the following options for payment:

5.1 We collect funds via debit order

Monthly debit order on the _____ (dd) day of each month starting _____ (mmccyy)
(This date is only between the 1st and the 28th).

Annual increase _____ %
Annual increase date _____ (mmccyy)

Payment selection

Payment is from the Legal Entity bank account **(Complete Section 6)** **OR** Payment is from a third party bank account **(Complete Form B)**

OR

5.2 You pay via an Electronic Fund Transfer (EFT)

Lump sum deposit

- Once your account has been opened, you will receive notification and payment instructions.

6. Investor banking details

The banking details specified will be used for

- Disinvesting
- Income distribution payments
- Debit order

Payments will only be made into the account of the registered Legal Entity. Payments cannot be made to third parties.

Bank account holder _____

Identity number / Registration number _____

Name of bank _____

Account number _____

Name of branch _____

Branch code _____

Type of account: Current Savings

Signature bank account holder _____ Date _____ (ddmmccyy)

Authorised signatory on bank account _____ Date _____ (ddmmccyy)

(If applicable)

Authorised signatory on bank account _____ Date _____ (ddmmccyy)

(If applicable)

7. Investor interaction preference

I want to receive marketing information. Yes No

Ways to manage and track your investment

We will send you all your investment correspondence to the email which you provided.

In line with Satrix's responsibility towards the environment, we will no longer send postal statements.

If post is your only means of receiving correspondence, please contact our Client Contact Centre.

8. Self Certification (Tax status)

We require this information in order to report to the South African Revenue Services (SARS) for Foreign Account Tax Compliance Act (FATCA) and Common Reporting Standards (CRS) as per the Automatic Exchange of Information (AEOI) for international tax compliance.

Primary country of tax jurisdiction _____

Tax Identification Number _____

If your primary country of tax jurisdiction is South Africa, are you registered for Value-Added Tax (VAT)? Yes No

If yes, please supply your VAT number: _____

Is the organisation a registered tax payer of any country other than your primary country of jurisdiction? Yes No

If yes, please complete the information below for each country of tax residency:

Country of tax residence	Tax Identification Number	OR	Reason Tax Number not Applicable

8.1 Organisation's classification for FATCA reporting purposes

It is mandatory to classify yourself in this section. For guidance, please refer to the Legal Entities Tax Residency Classification for FATCA and CRS document, available at www.satrx.co.za. Alternatively, speak to your tax adviser.

If your organisation is a Financial Institution, please specify which type:

- South African Financial Institution or a Partner Jurisdiction Financial Institution
- Participating Foreign Financial Institution.
- Non-Participating Foreign Financial Institution (in a non-Intergovernmental Agreement jurisdiction).
- Financial Institution resident in the USA or in a US Territory.
- Exempt Beneficial Owner (this includes a South African registered retirement scheme, a South African Governmental Organisation or an International Organisation).
- Registered Deemed-Compliant Foreign Financial Institution Certified Deemed Compliant Foreign Financial Institution (this includes Financial Institutions with a Local Client Base).
- Non-reporting Foreign Financial Institution.
- Excepted inter-affiliate Foreign Financial Institution.

If you are a financial institution that has obtained a Global Intermediary Identification Number (GIIN).

Please supply GIIN number: _____

Please note: If the legal entity has a GIIN number then the tax number for the Controlling Persons (CPs) are not required. FATCA only requires the information (including tax number) of the CPs where the entity is a Passive Non-Financial Entity.

If your organisation is not a Financial Institution, please specify below:

- Active Non-Financial Entity.
- Passive Non-Financial Entity (*Please complete form C for Controlling Persons*).

Please select an option if your organisation is a US tax resident and not a Specified US person:

- A regularly traded corporation on a recognised stock exchange.
- Any corporation that is a member of the same expanded affiliated group as a regularly traded corporation on a recognised stock exchange.
- A government entity.
- Any bank as defined in section 581 of the US Internal Revenue Code.
- A retirement plan under section 7701(a)(37), or exempt organisation under section 501(a) of the US Internal Revenue Code.
- OR any other exclusion.

8.2 Organisation's classification under Common Reporting Standard (CRS)

Please select one with reference to the primary country of residence:

- Financial Institution under CRS (this includes all Non-Reporting Financial Institutions for example a pension scheme, government entity and international organisation).
- An investment entity located in a non-participating jurisdiction or an entity that is being managed by an investment entity located in a non-participating jurisdiction ((If this box is ticked, please complete Form C for Controlling Persons (natural persons only) in respect of any Controlling Persons)).
- Active Non-Financial Entity, which frequently trades on an established securities market or associated with, an established securities market or a corporation which is a related entity of such a corporation.
- Active Non-Financial Entity - a Government Entity, a Central Bank, or an International Organisation.
- Active Non-Financial Entity, other than those listed above (for example a start-up Non-Financial Entity or a Non-Profit Organisation).
- Passive Non-Financial entity (*Please complete Form C for Controlling Persons*).
- Non-Reporting Financial Institution.

9. Withholding tax status

Some beneficial owners of dividends are entitled to an exemption (local and/or foreign persons) or a reduced rate (foreign persons) provided the required declaration and undertaking are submitted to the company or withholding agent.

I qualify for a Dividends tax exemption, Dividends tax reduced rate or Withholding Tax on Interest

in terms of the Income Tax Act.

Yes No

If yes, please complete a *Dividends tax exemption DTD(EX)*, *Dividends tax reduced rate DTD(RR)* or *Withholding Tax on Interest Declaration (WTI)* form, available on our website www.satrix.co.za

10. Investor declaration

By signing this application form I agree that I have read and understand the application form and related terms and conditions.

Signature of investor _____ Date _____ (ddmmccyy)

*Authorised signatory _____ Date _____ (ddmmccyy)

*Authorised signatory _____ Date _____ (ddmmccyy)

*Authorised signatory acting on behalf of Controlling Person.

Form A
Appoint a financial adviser / broker

Complete and submit this section with your investment application form if you received advice from a financial adviser.

Important Information

Only one financial adviser is applicable per investor.

All fees are explained in the Minimum Disclosure Document (MDD).

Initial advice fee

- Maximum amounts payable as an initial advice fee are explained in the MDD's.
- Initial advice fees are applied to each contribution and deducted before the investment is made on your Client Account.

On-going advice fee

- This annual advice fee is not applicable to funds or classes where a trailer fee is already included in the service fee.
- The annual advice fee is calculated on the daily market value of the investment portfolio, paid to the financial adviser monthly. It is paid in arrears and from the sale of units from the investor's client account, thereby reducing the units.

Financial adviser details

I wish to appoint the following financial adviser as the preferred adviser on all my Satrix Accounts.

Adviser / Broker code _____

Full name(s) _____ Surname _____

Fee instruction

I agree to pay the following Initial and On-going Advice Fee (excluding VAT).

Unit Trust Fund Name	Initial Advice Fee %	On-going Advice Fee %

- If you do not fill in any fees, it will default to 0%.
- If the fund selected does not allow an On-going advice fee, the fee will default to 0%.
- If you have selected a fee greater than that of the fund's maximum, the fee will default to the fund's maximum.
- Any fees indicated on this form will be applied to all future transactions.

*Authorised signatory _____ Date _____ (ddmmccyy)

*Authorised signatory _____ Date _____ (ddmmccyy)

*Authorised signatories acting on behalf of the Legal Entity.

Sanlam financial adviser / broker declaration

Sanlam financial adviser:

Financial advise

It is the adviser's responsibility to complete the advice documents for this transaction and forward them, with this application form, to Sanlam.

FICA declaration

I confirm that I have identified the investor of this application, as well as the person acting on their behalf (if applicable). I have verified their identity in line with the requirements of the Financial Intelligence Centre Act, 38 of 2001 ("FICA"), and any legislation, regulations or guidelines related to it.

Copies of these documents are attached.

Does this application replace the whole or part of an existing product? Yes No

If yes, please provide a completed replacement advice record with the FAIS documents.

Signature of Sanlam financial adviser

Broker:

FSP license

I declare that I am a licensed financial services provider or a representative of a financial service provider. I am authorised to sell unit trusts.

FSP license number: _____

FICA declaration

I confirm that I have identified the investor of this application, as well as the person acting on their behalf (if applicable). I have verified their identity in line with the requirements of the Financial Intelligence Centre Act, 38 of 2001 (FICA), and any legislation regulations or guidelines related to it.

Copies of these documents are attached.

Signature of broker

Form B
Authorisation from bank account holder

- Complete and submit this section if the payment is from a third party's bank account.
- Copy of Identity document is required for the third party payer.

Third party information

First name(s) and Surname / Registered name of legal entity _____

Date of birth / incorporation _____ (ddmmccyy) Country of birth / incorporation _____

Identity / Registration number _____

OR Passport number _____ **OR** Social security number _____

Expiry date _____ (ddmmccyy)

Country of issue _____

Residential Address _____

Country _____ Postal code _____

Email address _____

Cell / Mobile _____

Designation e.g.(trustee / founder / beneficiary > 25% ownership) _____

Occupation _____

Self-employed Yes No

Nature of your business _____

Please specify where the funds for this investment come from.

Salary Inheritance Savings Bonus Other (Specify) _____

Third party banking details

Bank account holder _____

Name of bank _____

Account number _____

Name of branch _____

Branch code _____

Type of account Current Savings

Declaration

I instruct and authorise Satrix or its agents to draw direct debits against my bank account as per the instruction in section 2 and 4.1.

Signature bank account holder _____ Date _____ (ddmmccyy)

Authorised signatory on bank account _____ Date _____ (ddmmccyy)

*Authorised signatory to sign on behalf of Controlling Person.

Form C
Regulatory Supporting Requirement - Non-Individual

Important Information

- This form must be completed by **all** parties stated in the [Regulatory Supporting Information](#).
- Each person is required to complete the sections below. If more than one page is required, copies of this section can be made and must accompany the fully completed application form.

Personal details of the Controlling person(s)

Title _____ First name(s) _____

Surname _____

Permanent residential address _____

Country _____ Postal Code _____

Date of birth _____ (ddmmccyy) Country of birth _____

Identity number _____

OR Passport number _____ **OR** Social security number _____

Expiry date _____ (ddmmccyy)

Country of issue _____

Email address _____

Cell / Mobile _____

Designation e.g (trustee / founder / beneficiary > 25% ownership) _____

Primary country of tax residence _____

Tax Identification Number _____

Please note: If the legal entity has a GINN number then the tax number for the Controlling Persons (CPs) are not required. FATCA only requires the information (including tax number) of the CPs where the entity is a Passive Non-Financial Entity.

Are you a registered tax payer 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	Tax Identification Number	OR	Reason Tax Number not Applicable

Declaration and signatory

I certify that the information I have provided above is true and correct.

*Authorised signatory _____ Date _____ (ddmmccyy)

*Authorised signatory _____ Date _____ (ddmmccyy)

*Authorised signatory to sign on behalf of Controlling Person.