a division of FirstRand Bank Limited Registered Bank - Registration number 1929/001225/06

KNOW-YOUR-CUSTOMER INFORMATION FORM - TRUSTS

Account particulars: -																		
Client name																		
Account number																		
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Select on whose behalf t	nıs						pie	1				ı			ı			
Client		Co	nne	cted	pers	son		Deta	alls									
Client information: -																		
Identifying name																		
Identifying number																		
Registration address																		
(Physical address of the court / registering authority where the trust was registered)																		
irusi was registereuj																		
Postal code									l			ļ			ļ			
Country																		
Business Address																		
Postal code									!			!			l			
Country																		
Postal address																		
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Country																		
SA income tax number																		
Contact person																		
Telephone number - work	Co	ode					Num	ber										
Telefax number	Co	ode					Num	ber										
Cellular / mobile number	Co	ode					Num	ber										
e-mail address																		
Checklist for attachment	c (+i	ick :	ann	roni	iato	ch	ock	hov	(oe)	hel	OW)							
Trust deed	<u>د (دا</u>		4PP	υpi	iate	. 011	CURI		(69)	DEI	J 11)	• -						
Letters of authority		Des	cript	ion														
Proof of income tax number			cript															
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a division of FirstRand Bank Limited Registered Bank - Registration number 1929/001225/06

KNOW-YOUR-CUSTOMER INFORMATION FORM - TRUSTS

Other account number(s) to	whi	ch t	his	info	orma	atio	n al	so a	ppl	ies:	-		
Account number														
Account number														
Account number														
Account number														
Account number														

I hereby confirm that all of the information furnished in this form is true and correct: -

Signed						D	ate	У	У	У	У	1	m	m	1	d	d
Name																	

a division of FirstRand Bank Limited Registered Bank - Registration number 1929/001225/06

KNOW-YOUR-CUSTOMER CONNECTED PERSON INFORMATION FORM - INDIVIDUALS *

* to be completed by all individuals that are founder(s), trustee(s), beneficiary(ies) and agent(s) acting on behalf of the trust

Account particulars: -																							
Client name																							
Account number																							
Select on whose behalf to	hie	forr	n ie	hoi	na (om	nlo	od:															
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Personal information: -																							
First name																							
Second name(s)																							
Surname																							
Date of birth	у	У	У	У	1	m	m	1	d	d													
Nationality																							
SA ID number																							
Passport number														Ехр	iry d	ate	У	У	У	у	1	m	m
Residential address																							
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Country																							
Telephone number - work	Co	ode					Numl	ber															
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e-mail address																							
Checklist for attachment	e (ti	ick :	anni	roni	iate	ch	ocki	hov	(ac)	hal	Ow)												
SA ID document / passport	3 (1		APP.	Op.	iate		COK	JUX	(03)	DCI	· · · · ·	•											
Proof of authority to act		Des	cript	ion																			
Extract from share register				g rigl	nts h	eld				_			%			<u> </u>		Щ.	<u> </u>	!		!	
Extraor from share register		,,,	votiii	9 1191	11.0 11	Ciu				•			/0										
I hereby confirm that all	of tl	he ir	nfor	mat	ion	fur	nish	ed i	n th	is f	orm	ı is t	true	and	d co	rre	ct: -						
Signed												D	ate	У	У	у	У	/	m	m	1	d	d

a division of FirstRand Bank Limited Registered Bank - Registration number 1929/001225/06

KNOW-YOUR-CUSTOMER CONNECTED PERSON INFORMATION FORM - CLOSE CORPORATIONS *

* to be completed by all Close Corporations that are founder(s), trustee(s), beneficiary(ies) of the trust

Account particulars: -																					
Client name																					
Account number																					
Select on whose behalf to	this										l	l		l	ı		l	1			
Client		Co	nne	ctea	pers	son	X	Deta	alls												
Client information: -																					
Registered Name																					
Trading name (if different)																					
Date of establishment	У	У	у	у	1	m	m	1	d	d		!		!	!					ļ	
Registration number					1							1									
Registered Address																					
Postal code																				1	
Country																					
Business Address																					
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Country																					
Head office address																					
(if different to business address)																					
Postal code									•	•	•	•		•	•	•	•			,	
Country																					
Postal address																					
Postal code													•			•					
Country																					
Contact person																					
Telephone number - work	С	ode					Num	ber													
Telefax number	Co	ode					Num	ber													
Cellular / mobile number	C	ode					Num	ber													
e-mail address																					

a division of FirstRand Bank Limited Registered Bank - Registration number 1929/001225/06

KNOW-YOUR-CUSTOMER CONNECTED PERSON INFORMATION FORM - CLOSE CORPORATIONS *

* to be completed by all Close Corporations that are founder(s), trustee(s), beneficiary(ies) of the trust

Checklist for attachment	<u>s (t</u>	ick appropi	<u>iate</u>	e ch	eck	box	<u>(es)</u>	bel	ow)	100						
Latest founding statement		Description														
Proof of registered address		Description														
Proof of business address		Description														
Proof of head office address		Description														
Extract from share register		% voting rigi	hts h	eld							%					

I hereby confirm that all of the information furnished in this form is true and correct: -

Signed						D	ate	У	У	У	У	1	m	m	1	d	d
Name																	

a division of FirstRand Bank Limited Registered Bank - Registration number 1929/001225/06

KNOW-YOUR-CUSTOMER CONNECTED PERSON INFORMATION FORM - SA COMPANIES *

* to be completed by all South African companies that are founder(s), trustee(s), beneficiary(ies) of the trust

Account particulars: -																						
Client name																						
Account number																						
Select on whose behalf	this									1	l			l	ı		l	1	ı	1		
Client		Co	nne	ctea	pers	son	X	Deta	alls											<u> </u>		
Client information: -																						
Registered Name																						
Trading name (if different)																						
Date of establishment	У	У	У	у	1	m	m	1	d	d										1		
Registration number					1							1]							
Registered Address																						
Postal code													•			•						
Country																						
Business Address																						
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Country																						
Head office address																						
(if different to business address)																						
Postal code																						
Country																						
Postal address																						
Postal code																						
Country		<u> </u>																<u> </u>		<u> </u>	Ш	
Contact person																				<u> </u>		
Telephone number - work		ode				1	Num															
Telefax number		ode				4	Num															
Cellular / mobile number	Co	ode					Num	ber														
e-mail address					1	1	1	1	l				1		l	1	1			1	1	l

a division of FirstRand Bank Limited Registered Bank - Registration number 1929/001225/06

KNOW-YOUR-CUSTOMER CONNECTED PERSON INFORMATION FORM - SA COMPANIES *

* to be completed by all South African companies that are founder(s), trustee(s), beneficiary(ies) of the trust

Checklist for attachmen	t <u>s (ti</u>	ick appro	opri	ate	ch	eck	box	(es)	bel	ow)	: -											
Certificate of Incorporation			_																			
Proof of registered address		Description	n																			
Proof of business address		Description	on																			
Proof of head office address		Description	on																			
Extract from share register		% voting	right	s he	ld							%										
I hereby confirm that all	of th	he inforn	nati	on f	iurr	nish	ned	in tl	nis f	orm	is t	rue	and	d co	rrec	ot: -						
Signed											Da	ate	у	У	У	У	1	m	m	1	d	d
Name																						

a division of FirstRand Bank Limited Registered Bank - Registration number 1929/001225/06

KNOW-YOUR-CUSTOMER CONNECTED PERSON INFORMATION FORM - FOREIGN COMPANIES *

* to be completed by all foreign companies that are founder(s), trustee(s), beneficiary(ies) of the trust

Account particulars: -																				
Client name																				
Account number																				
		_													_					
Select on whose behalf	this	-			_			7			ı —	ı —	ı	1	I	1	ı —			
Client		Co	nne	cted	pers	son	Х	Deta	ails										Ш	
Client information: -																				
Registered Name																				
Trading name (if different)																				
Date of establishment	У	У	У	у	1	m	m	1	d	d			l	<u> </u>	<u> </u>	l .				
Registration number					1							1								
Registered Address																				
Postal code																				
Country																				
Business Address																				
(in South Africa)																				
Postal code																				
Country																				
Head office address																				
(in country of registration)																				
Postal code																				
Country																				
Postal address																				
Postal code																				
Country																				
Contact person																				
Telephone number - work	С	ode					Num	ber												
Telefax number	Co	ode					Num	ber						I						
Cellular / mobile number	Co	ode					Num	ber												
e-mail address																				

a division of FirstRand Bank Limited Registered Bank - Registration number 1929/001225/06

KNOW-YOUR-CUSTOMER CONNECTED PERSON INFORMATION FORM - FOREIGN COMPANIES *

* to be completed by all foreign companies that are founder(s), trustee(s), beneficiary(ies) of the trust

Checklist for attachment	s (t	ick app	ropr	iate	ch	eck	box	(es)	bel	ow)	: -											
Certificate of Incorporation																						
Proof of registered address		Descrip	tion																			
Proof of business address		Descrip	tion																			
Proof of head office address		Descrip	tion																			
Extract from share register		% votir	ng righ	nts h	eld							%										
I hereby confirm that all	of t	he info	rmat	ion	fur	nish	ned	in th	nis f	orm	ı is t	true	and	d co	rrec	ot: -						
Signed											D	ate	у	У	У	У	1	m	m	1	d	d

a division of FirstRand Bank Limited Registered Bank - Registration number 1929/001225/06

KNOW-YOUR-CUSTOMER CONNECTED PERSON INFORMATION FORM - OTHER LEGAL PERSONS *

* to be completed by all other legal persons that are founder(s), trustee(s), beneficiary(ies) of the trust

Account particulars: -																							
Client name																							
Account number																							
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Select on whose behalf	this				_			1					1	1		1		1				_	
Client		Co	onne	cted	pers	son	Х	Deta	ails				<u> </u>					<u> </u>	<u> </u>		<u></u>		<u> </u>
Client information: -																							
Legal form																							
Registered name																							
Trading name (if different)																							
Registration number					1							1											
Business Address																							
Postal code																							
Country																							
Postal address																							
Postal code																							
Country																							
Contact person																							
Telephone number - work	C	ode					Num	ber															
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Cellular / mobile number	C	ode					Num	ber															
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Checklist for attachmen	ts (t	-1	app script		riate	cn	еск	DOX	(es)	bei	ow)	-	1	l		1		1	1			_	
Founding document Proof of business address		-	script																-				
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Extract from share register		/0	VOUIT	y ny	1113 11	ciu	<u> </u>						/0										
I hereby confirm that all	of t	he i	nfor	ma	tion	fur	nish	ed	in th	nis f	orm	ı is	true	ane	d co	rre	ct: -						
Signed												D	ate	У	У	У	У	1	m	m	1	d	d
Name																							

a division of FirstRand Bank Limited Registered Bank - Registration number 1929/001225/06

KNOW-YOUR-CUSTOMER CONNECTED PERSON INFORMATION FORM - PARTNERSHIPS *

* to be completed by all partnerships that are founder(s), trustee(s), beneficiary(ies) of the trust

Account particulars: -																							
Client name																							
Account number																							
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Select on whose behalf	inis	1	m is onne		_			Det									1	1					
Client		C	onne	ctea	pers	son	^	Det	alis									<u> </u>					
Client information: -																							
Trading name																							
Business Address																							
Postal code																							
Country																							
Postal address																							
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Contact person																							
Telephone number - work	Cc	ode					Num	ber									·	·					
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Checklist for attachment	ts (ti	ick	app	rop	riate	ch	eck	box	(es)	bel	ow)	: -											
Partnership agreement																							
Letter confirming partners								ı	ı	1		ı	1										
Extract from share register		%	votin	g rig	hts h	eld							%										
I hereby confirm that all	of th	ha i	nfor	mai	lion	fur	nich	had	in tl	nie f	orn	ı ie i	truc	anı	d co	rro	ct· _						
Thereby committed an	OI LI	iie ii	IIIOI	IIIa		iui	IIIƏI	leu		113 1	Oili	1 13	ue	ani	u cc	116	Ct						
Signed												D	ate	у	у	у	у	1	m	m	1	d	d
Name														J	J	y	,	ť			Ė	-	-
	Ш	<u> </u>			<u> </u>	<u> </u>		<u> </u>		<u> </u>	<u> </u>			<u> </u>		Щ_		Ь					

a division of FirstRand Bank Limited Registered Bank - Registration number 1929/001225/06

KNOW-YOUR-CUSTOMER CONNECTED PERSON INFORMATION FORM - TRUSTS *

* to be completed by all trusts that are founder(s), trustee(s), beneficiary(ies) of the trust

Account particulars: -							1	1															
Client name																							
Account number																							
		_			-				-		-	-	-	-			-						
Select on whose behalf t	his	1						1			ı	ı —	1				ı		П				
Client		Co	nne	cted	pers	on	Х	Deta	ails														
Client information: -																							
Registered name																							
Registration number					1							1						<u> </u>	<u> </u>				
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Registration Address																							
Postal code																							
Country																							
Business Address																							
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Telephone number - work		ode					Number																
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Cellular / mobile number	Co	ode					Num	ber															
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Checklist for attachment	S (ti	Day	app	ion	late	Cn	eck	DOX	(es)	bei	OW)	_	1										
Trust deed		1																					
Letters of authority			script		<u> </u>																		
Extract from share register		%	votin	g rigl	hts h	eld				•		<u> </u>	%										
I hereby confirm that all	of ti	ho ii	nfor	mai	ion	fur	nich	od i	in th	sie f	orm	ı ie i	truo	and	1 00	rro	·+· _						
Thereby commit that an	01 11	10 11	1101	IIIai		Iui	11131	icu		113 1	OHI	113	uc	and	1 00	1100	,						
Signed												_	oto	3.4	11	3.5	1.1	,	100	100	,	d	cl
Signed		ı		l			1	1	l		l	U	ate	У	У	У	У	/	m	m	/	d	d
Name	1		1		1		1	1	l		l											i	1

a division of FirstRand Bank Limited Registered Bank - Registration number 1929/001225/06

KNOW-YOUR-CUSTOMER CONNECTED PERSON INFORMATION FORM - LISTED COMPANIES *

* to be completed by all listed companies that are founder(s), trustee(s), beneficiary(ies) of the trust

Account particulars: -															 			
Client name																		
Account number																		
Select on whose behalf t	hio	£ 0	- i-	ha:			mlas	- d.										
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Client		CO	iiie	Jieu	pers	OII	^	Deta	allo									Ш
Client information: -																		
Registered Name																		
Trading name (if different)																		
Date of establishment	У	У	У	У	1	m	m	1	d	d								
Registration number					1							1						
Registered Address																		
Postal code																		
Country																		
Business Address																		
Postal code																		
Country																		
Head office address																		
(if different to business address)																		
Postal code																		
Country																		
Postal address																		
Postal code																		
Country																		
Contact person																		
Telephone number - work	Co	ode				ı	Numb	oer										
Telefax number	Co	ode				ı	Numb	oer										
Cellular / mobile number	Co	ode				I	Numb	oer										
e-mail address																		
Listing status:																		
Listing status: - Securities exchange name																		
Country / jurisdiction																		
Securities code(s)																		
Listing status		Δc	tive		Su	spen	hah			<u></u>	her				<u> </u>			

a division of FirstRand Bank Limited Registered Bank - Registration number 1929/001225/06

KNOW-YOUR-CUSTOMER CONNECTED PERSON INFORMATION FORM - LISTED COMPANIES *

* to be completed by all listed companies that are founder(s), trustee(s), beneficiary(ies) of the trust

Checklist for attachment Proof of listing status		cription																			
Extract from share register	% v	oting rio	ghts h	eld							%										
I hereby confirm that all	of the in	nforma	ition	furr	nish	ed i	n th	is f	orm	is t	rue	and	l co	rrec	:t: -						
											-										
Signed										Da	ate	у	у	У	у	/	m	m	1	d	d