

## KNOW-YOUR-CUSTOMER INFORMATION FORM - TRUSTS

**Account particulars: -**

Client name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Account number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Select on whose behalf this form is being completed: -**

Client

Connected person

Details

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Client information: -**

Identifying name

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Identifying number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Registration address

*(Physical address of the court / registering authority where the trust was registered)*


Postal code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Business Address


Postal code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal address


Postal code

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SA income tax number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact person

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone number - work

Code

Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telefax number

Code

Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cellular / mobile number

Code

Number

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

e-mail address

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**Checklist for attachments (tick appropriate checkbox(es) below): -**

Trust deed

Letters of authority

Description

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Proof of income tax number

Description

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Proof of authority to act

Description

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

**First National Bank**

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

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

**Other account number(s) to which this information also applies: -**

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

Date

												y	y	y	y	/	m	m	/	d	d
--	--	--	--	--	--	--	--	--	--	--	--	---	---	---	---	---	---	---	---	---	---

Name

# First National Bank

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 this form is being completed: -**

Client	<input type="checkbox"/> Connected person	<input checked="" type="checkbox"/> Details	
--------	---	---	--

**Personal information: -**

First name																							
Second name(s)																							
Surname																							
Date of birth	y	y	y	y	/	m	m	/	d	d													
Nationality																							
SA ID number																							
Passport number																Expiry date	y	y	y	y	/	m	m
Residential address																							
Postal code																							
Country																							
Postal address																							
Postal code																							
Country																							
Telephone number - work	Code					Number																	
Telephone number - home	Code					Number																	
Telefax number	Code					Number																	
Cellular / mobile number	Code					Number																	
e-mail address																							

**Checklist for attachments (tick appropriate checkbox(es) below): -**

SA ID document / passport	<input type="checkbox"/>	
Proof of authority to act	<input type="checkbox"/>	Description <table border="1" style="display: inline-table; width: 400px; height: 15px;"></table>
Extract from share register	<input type="checkbox"/>	% voting rights held <table border="1" style="display: inline-table; width: 50px; height: 15px;"></table> . <table border="1" style="display: inline-table; width: 50px; height: 15px;"></table> %

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

Signed _____	Date <table border="1" style="display: inline-table; width: 100px; height: 15px;"></table>
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# First National Bank

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 attachments (tick appropriate checkbox(es) below): -**

<b>Latest founding statement</b>	<input type="checkbox"/>	Description																			
<b>Proof of registered address</b>	<input type="checkbox"/>	Description																			
<b>Proof of business address</b>	<input type="checkbox"/>	Description																			
<b>Proof of head office address</b>	<input type="checkbox"/>	Description																			
<b>Extract from share register</b>	<input type="checkbox"/>	% voting rights held			.			%													

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

Signed

Date

Name

		y		y		y		y		/		m		m		/		d		d	

# First National Bank

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## 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 form is being completed: -**

Client	<input type="checkbox"/> Connected person	<input checked="" type="checkbox"/> Details	
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**Client information: -**

Registered Name		
Trading name (if different)		
Date of establishment	y y y y / m m / d d	
Registration number	/ /	
Registered Address		
Postal code		
Country		
Business Address		
Postal code		
Country		
Head office address <i>(if different to business address)</i>		
Postal code		
Country		
Postal address		
Postal code		
Country		
Contact person		
Telephone number - work	Code	Number
Telefax number	Code	Number
Cellular / mobile number	Code	Number
e-mail address		



# First National Bank

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## 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 form is being completed: -

**Client**       **Connected person**       **Details**

### Client information: -

**Registered Name**

**Trading name (if different)**

**Date of establishment**

y	y	y	y	/	m	m	/	d	d
---	---	---	---	---	---	---	---	---	---

**Registration number**

/								/		
---	--	--	--	--	--	--	--	---	--	--

**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**      Code 



      Number

**Telefax number**      Code 



      Number

**Cellular / mobile number**      Code 



      Number

**e-mail address**



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## 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 attachments (tick appropriate checkbox(es) below): -**

Certificate of Incorporation	<input type="checkbox"/>																			
Proof of registered address	<input type="checkbox"/>	Description																		
Proof of business address	<input type="checkbox"/>	Description																		
Proof of head office address	<input type="checkbox"/>	Description																		
Extract from share register	<input type="checkbox"/>	% voting rights held																		

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

Signed		Date	y	y	y	y	/	m	m	/	d	d
Name												

# First National Bank

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## 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	

**Select on whose behalf this form is being completed: -**

Client	<input type="checkbox"/>	Connected person	<input checked="" type="checkbox"/>	Details	
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**Client information: -**

Legal form	
Registered name	
Trading name (if different)	
Registration number	/
Business Address	
Postal code	
Country	
Postal address	
Postal code	
Country	
Contact person	
Telephone number - work	Code      Number
Telefax number	Code      Number
Cellular / mobile number	Code      Number
e-mail address	

**Checklist for attachments (tick appropriate checkbox(es) below): -**

<input type="checkbox"/>	Founding document	Description	
<input type="checkbox"/>	Proof of business address	Description	
<input type="checkbox"/>	Extract from share register	% voting rights held	.      %

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

Signed	Date	y   y   y   y / m   m / d   d
Name		

# First National Bank

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## 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 

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Account number 

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### Select on whose behalf this form is being completed: -

Client  Connected person  Details 

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### Client information: -

Trading name 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Business Address 


Postal code 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Postal address 


Postal code 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Country 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Contact person 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telephone number - work Code 

--	--	--	--

 Number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Telefax number Code 

--	--	--	--

 Number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Cellular / mobile number Code 

--	--	--	--

 Number 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

e-mail address 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

### Checklist for attachments (tick appropriate checkbox(es) below): -

Partnership agreement

Letter confirming partners

Extract from share register  % voting rights held 

--	--	--	--

 . 

--	--	--	--

 %

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

Signed 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Name 

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

Date 

y	y	y	y	/	m	m	/	d	d
---	---	---	---	---	---	---	---	---	---

# First National Bank

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: -**

Client name

Account number

**Select on whose behalf this form is being completed: -**

Client  Connected person  Details

**Client information: -**

Registered name																									
Registration number						/						/													
Registration Address																									
Postal code																									
Country																									
Business Address																									
Postal code																									
Country																									
Postal address																									
Postal code																									
Country																									
Contact person																									
Telephone number - work	Code				Number																				
Telefax number	Code				Number																				
Cellular / mobile number	Code				Number																				
e-mail address																									

**Checklist for attachments (tick appropriate checkbox(es) below): -**

<input type="checkbox"/>	Trust deed	Description																					
<input type="checkbox"/>	Letters of authority	Description																					
<input type="checkbox"/>	Extract from share register	% voting rights held			.			%															

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

Signed 



 Date

Name



**First National Bank**

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 attachments (tick appropriate checkbox(es) below): -**

<input type="checkbox"/>	Proof of listing status	<input type="checkbox"/>	Description	<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"/>	Extract from share register	<input type="checkbox"/>	% voting rights held	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	.	<input type="checkbox"/>	<input type="checkbox"/>											

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

Signed															Date	y	y	y	y	/	m	m	/	d	d
Name	<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"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>				