

# The Financial Intelligence Centre Act (FICA): Client Due Diligence (CDD) Natural Person or Sole Proprietor

Client Identity/Registration Number

To comply with money laundering regulations, we require certain identification details and documents to be in place in order for an application to be processed. Incomplete details and documentation will delay the processing of an application and a business relationship cannot be formed until all documentation including any additional information (if requested), has been provided.

**This form is to be completed when an application/alteration form does not provide for the required details.**

**Important:**

All role players and legal guardians as per Section 1 must each complete a separate form (not applicable to beneficiaries and co-assureds). Please submit the supporting documentation with this form.

**For the purpose of this form:**

- The term Policyholder also refers to Investment Owner and Contract Owner.
- The term Contribution Payer also refers to Premium Payer and Fund Provider.

## 1: Information of policyholder/outright cessionary/contribution payer/person acting on behalf of \_\_\_\_\_

Are you already a client? Yes  No  Momentum  Metropolitan

I am investing For myself  On behalf of someone else (e.g. minors, legal guardian, legal incapacity)

(Complete additional FICA 001 form, Sections 1.1 & 1.2 & Section 2.1)

### 1.1 Basic information

Title

Full names (As indicated on RSA identity document/passport/driver's licence)

Surname

Preferred/Nick name

Date of birth

RSA Identity Yes  No  RSA identity number

Driver's licence card Yes  No

Issue date  Expiry date

Passport Yes  No  Passport number

Issue date  Expiry date

Country of issue

Gender Male  Female

Country of residence

(Your country of residence is where you have legal residency.)

Nationality

(If you have citizenship in a country, you have the right to live there, work, vote, and pay taxes.)

If you hold dual citizenship, give the country name/code

Physical/Residential address Unit number (if applicable)  Complex (if applicable)

Street number  Street name or name of farm

Suburb or district

City or town  Postal code

Country South Africa  Z  A  If not South Africa [ZA], please specify the country code

Client Identity/Registration Number

Is the postal address the same as the residential/physical address? Yes  No  If no, please complete the postal address.

Postal address PostNet Suite/PO Box

Suburb or district

City or town  Postal code

Country South Africa Z A  If not South Africa [ZA], please specify the country code

Are you the owner/tenant of the above property, where you reside? Owner  Tenant

\* Ensure that the residential/physical address details on application form matches the address verification documents provided.

Telephone – work  Fax – work

Telephone – home  Fax – home

Mobile phone

Email addresses

Preferred method of communication Email  Post

### 1.1.1 Tax detail

South African Revenue Service (SARS) income tax reference number

If no tax reference number, please give reason:

Are you registered for tax in other countries? Yes  No  Which countries?

(No personal tax detail required when acting on behalf of an entity.)

## 1.2 Politically Exposed Persons (PEP)/Domestic Prominent Influential Person (DPIP)/Foreign Prominent Public Official (FPPO) and Known Close Associates and Family of a DPIP or a FPPO

i. **A Politically Exposed Person** is someone who is or has been entrusted with prominent public functions, based on a specific political affiliation.

**For example:** Heads of state, cabinet ministers, members of parliament/local/provincial government, senior administrators in government departments (financial departments/tender processes), senior judges, managers of local municipalities who award tenders, senior and/or influential officials, ambassador/high commissioner, senior representatives of religious organisations.

Are any of the persons or entities identified and verified in terms of FICA in this form, regarded as a politically exposed person (PEP)? Yes  No

Provide details/reason:

ii. **A Prominent Influential Person** refers to any individual who are or have in the past been entrusted with prominent functions in a particular country. A South African PIP would be known as a Domestic PIP. A Foreign Prominent Public Official (FPPO) would be someone who holds a Prominent Public Official (PPO) position in a Foreign country.

**For example:** Premier of a province; member of a foreign royal family; government minister or equivalent senior politician; leader of a political party; high ranking member of the military/police, etc.

Are any of the persons or entities identified and verified in terms of FICA in this form, regarded as a prominent influential person (PIP)? Yes  No

Provide details/reason:

Are any of the persons or entities identified and verified in terms of FICA in this form, regarded as a prominent public official (PPO) in a foreign country? Yes  No

Provide details/reason:

iii. **Known close associates** are individuals who are closely connected to a prominent person, either socially or professionally. The term “close associate” is not intended to capture every person who has been associated with a prominent person. Examples of known close associates extracted from guidance provided by the FATF include the following types of relationships:

**For example:** Known relationships outside the family unit (e.g. girlfriends, boyfriends, mistresses); prominent members of the same political party, civil organisation, labour or employee union as the prominent person; business partners or associates, especially those that share (beneficial) ownership of corporate vehicles with the prominent person, or who are otherwise connected (e.g. through joint membership of a company board); any individual who has sole beneficial ownership of a corporate vehicle set up for the actual benefit of the prominent person.

iv. **Family members** are individuals who are related to a PEP/PIP either directly (consanguinity) or through marriage or similar (civil) forms of partnership.

**For example:** Spouse or civil/life partner; previous spouse or civil/life partner; children and step children and their spouses or civil/life partners; parents; siblings and step siblings and their spouses or civil/life partners.

Are any of the persons or entities identified and verified in terms of FICA in this form, regarded as a Known close associate of Family member? Yes  No

Provide details/reason:

### 1.3 Anti-money laundering provisions

#### 1.3.1 Source of Income/Wealth\* (Policyholder/Contribution Payer)

<input type="checkbox"/> Unemployed																	
<input type="checkbox"/> Employed	<table border="1"> <tr><td>Name of employer</td><td colspan="3"></td></tr> <tr><td>Occupation</td><td></td><td>Job title</td><td></td></tr> <tr><td>Nature of business</td><td></td><td>Public sector</td><td><input type="checkbox"/></td></tr> <tr><td></td><td></td><td></td><td>Private sector <input type="checkbox"/></td></tr> </table>	Name of employer				Occupation		Job title		Nature of business		Public sector	<input type="checkbox"/>				Private sector <input type="checkbox"/>
Name of employer																	
Occupation		Job title															
Nature of business		Public sector	<input type="checkbox"/>														
			Private sector <input type="checkbox"/>														
<input type="checkbox"/> Self-employed	<table border="1"> <tr><td>Name of business</td><td colspan="2"></td></tr> <tr><td>Nature of business</td><td colspan="2"></td></tr> </table>	Name of business			Nature of business												
Name of business																	
Nature of business																	
<input type="checkbox"/> Income as business owner/director	<table border="1"> <tr><td>Name of business</td><td colspan="2"></td></tr> <tr><td>Nature of business</td><td colspan="2"></td></tr> </table>	Name of business			Nature of business												
Name of business																	
Nature of business																	
<input type="checkbox"/> Income as Trustee/Trust beneficiary	<table border="1"> <tr><td>Name of Trust</td><td colspan="2"></td></tr> <tr><td>Trust number</td><td colspan="2"></td></tr> </table>	Name of Trust			Trust number												
Name of Trust																	
Trust number																	
<input type="checkbox"/> Other (e.g. Retirement/Disability/Rental income)	Specify <input type="text"/>																

\* Source of Income/Wealth is defined as funds received on a regular basis for work/services rendered or investment income which is known as the individual's wealth).

We reserve the right to request proof of source of wealth, if needed.

#### 1.3.2 Source of funds for investment/transaction\* (Policyholder/Contribution payer)

Tick box and provide relevant detail.

If contribution payer is different to policyholder, both parties need to individually complete and provide their relevant detail, as per the appropriate checklist.

<input type="checkbox"/> Salary/Remuneration	<table border="1"> <tr> <td>i. My bank account</td> <td colspan="3"></td> <td>ii. Stop order</td> <td colspan="3"></td> </tr> </table>	i. My bank account				ii. Stop order			
i. My bank account				ii. Stop order					
<input type="checkbox"/> Business transaction	Nature of business transaction <input type="text"/>								
<input type="checkbox"/> Investment/Savings/Dividends	Source of capital/savings <input type="text"/>								
	Name of investment company <input type="text"/>								
	Account/contract number where the funds are held <input type="text"/>								
<input type="checkbox"/> Inheritance	Estate late name and relationship <input type="text"/>								
<input type="checkbox"/> Winnings	E.g. Lotto, casino name, competition name <input type="text"/>								
<input type="checkbox"/> Other °	Specify <input type="text"/>								

° E.g. sale of vehicle, sale of property, bonus from employer, dividends received, gift, donation, loan repayment from third party.

\* The source of funds funding the transaction or new business investment will not always correspond with the source of income/wealth, e.g. an employed person may sell his/her property and invest the capital gained.

## 2: Verification documents for identification

### 2.1 Verification of full names, date of birth and identity number

Please attach one of the following:

For RSA citizens

RSA Identity document (Green bar-coded)	<input type="checkbox"/>	RSA smart ID card (front and back)	<input type="checkbox"/>
Valid RSA drivers licence (front)	<input type="checkbox"/>	Valid RSA passport	<input type="checkbox"/>
RSA birth certificate (minors only)	<input type="checkbox"/>		

For foreign nationals

United nations certified travel document/passport	<input type="checkbox"/>	Refugee document (valid for 2 years only)	<input type="checkbox"/>
Valid passport	<input type="checkbox"/>	Valid travel document	<input type="checkbox"/>

Note: Unacceptable verification documents for proof of identity:

- No foreign Temporary identification documents: Only South African Certified Temporary identity documents will be accepted
- Section 2.3 permit (Immigration Act 13 of 2002)

## 2.2 Verification of residential address

Please attach one of the following, reflecting the name and residential address of the person:

2.2.1	A city council/municipal/electricity provider/utility/service bill (less than 3 months old); or
2.2.2	A property rental agreement/rental contract renewal (less than 12 months old); or
2.2.3	A property rates and taxes invoice (less than 3 months old); or
2.2.4	If pre-paid (e.g. utilities like an electricity meter), proof of payment that reflects the date, stand number, account number (less than 3 months old); or
2.2.5	A mortgage statement (less than 3 months old); or
2.2.6	A Telkom land line, fiber or ADSL account (less than 3 months old); or
2.2.7	Correspondence from a body corporate/share-block association (less than 3 months old); or
2.2.8	A short-term insurance schedule (less than 12 months old); or
2.2.9	A bill/statement from a company contracted for an ongoing service at the property given as the person's address. Examples of such services are security monitoring and armed response services that are regularly billing the person (less than 3 months old); or
2.2.10	A bank statement (less than 3 months old); or
2.2.11	Mobile account from service provider (less than 3 months old); or
2.2.12	A payslip/salary slip (less than 3 months old); or
2.2.13	A document from SARS (less than 12 months old).

## 2.3 Verification of bank details

- If the account is not in the name of the policyholder, please complete and provide the documentation in accordance with the appropriate FICA checklists on the account holder (e.g. CC, Trust, Other legal entity, etc.).
- No payment received from a third party will be invested until the required documentation is received and reviewed.

### 2.3.1 Provide your bank account details if you have selected to have your contributions (single or recurring) collected from your bank account

Name of account holder	<input style="width: 100%;" type="text"/>		
Name of bank	<input style="width: 100%;" type="text"/>		
Branch code	<input style="width: 100%;" type="text"/>	Branch name	<input style="width: 70%;" type="text"/>
Account number	<input style="width: 100%;" type="text"/>		
Account type	<input type="checkbox"/> Current/Cheque	<input type="checkbox"/> Savings	<input type="checkbox"/>

### 2.3.2 If funds are paid directly into a Momentum or Metropolitan bank account

A proof of deposit is required and must indicate:

From which institution was the deposit made	<input style="width: 100%;" type="text"/>																				
Date of deposit	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	Amount deposited	<input style="width: 100%;" type="text"/>				
Source (account number) from where the funds originated	<input style="width: 100%;" type="text"/>																				
Name of account holder	<input style="width: 100%;" type="text"/>																				
The contract number for which the funds are intended	<input style="width: 100%;" type="text"/>																				

\*\* We will not make payments to credit cards, market-linked accounts or third party accounts. Payments can only be made to the Policyholder's own bank account. No third party payments are permitted.

## 3: When no address verification documents are available in the name of the client \_\_\_\_\_

Scenario	Documents we require
Spouse	<ul style="list-style-type: none"><li>• Utility bill, or any other acceptable proof of residence in your spouse's name (less than 3 months old)</li><li>• Identity document of your spouse</li></ul>
Partner or co-habitant	<ul style="list-style-type: none"><li>• Utility bill, or any other acceptable proof of residence in your partner's name (less than 3 months old)</li><li>• Identity document of the co-habitant</li></ul>
Parent(s)	<ul style="list-style-type: none"><li>• Utility bill, or any other acceptable proof of residence in your parent's name (less than 3 months old)</li><li>• Identity document of the parent/legal guardian</li></ul>

**3.1 The following scenarios cover special circumstances where we will accept alternative documents as proof of residential address.**

Scenario	Documents we require
Owner of the property is a trust	<ul style="list-style-type: none"> <li>Utility bill, or any other acceptable proof of residence in the name of the trust (less than 3 months old)</li> <li>A signed declaration that you do not have the proof of residence in your name</li> <li>A signed declaration by all trustees or authorised representative/s with a resolution together with the master of the high court appointment letter</li> </ul>
Where a minor is the policyholder	<ul style="list-style-type: none"> <li>Utility bill, or any other acceptable proof of residence in the name of the parent/legal guardian, in whose name the utility bill is noted (less than 3 months old)</li> <li>Identity document of the parent/legal guardian in whose name the utility bill is noted</li> <li>Minor child's birth certificate reflecting the name of the parent investing on behalf of the minor</li> </ul>
You live in a retirement village	<ul style="list-style-type: none"> <li>A declaration by the administrator of the retirement village on their official letterhead stating that you currently live at the retirement village (less than 3 months old)</li> </ul>
Rural/Informal housing areas/Other	<ul style="list-style-type: none"> <li>A letter from the local South African Police Service (SAPS) in which the SAPS official states that he visited the person at the residential address and can confirm that the person resides at the address (less than 3 months old); or</li> <li>A signed declaration that you do not have the proof of residence in your name, together with his official stamp; or</li> <li>A letter on a letterhead of the local authority reflecting the name and residential address of the person, including contact details for the local authority (less than 3 months old).</li> </ul>

**4: Protection of Personal Information**

Momentum, Metropolitan are required to collect relevant information from each client for anti-money laundering and prevention of terrorist financing, for tax purposes according to the Intergovernmental Agreement ('the IGA'), and for reporting on these clients to the South African authorities where necessary.

We also collect personal information about you to offer you the best service. Your information is used for administrative, operational, audit, marketing, research, legal, statutory and record keeping purposes. We will take all reasonable steps necessary to secure the integrity of any personal information which we hold about you and to safeguard it against unauthorised access. We will not share this information outside of Momentum, Metropolitan, its associated groups or agents, without your explicit consent.

If you do not consent to us using your personal information, there may be delays for you or some instructions might not be carried out. You can have access to your information at any time and ask us to correct any information we have in our possession. Please feel free to write to us to obtain a copy of this information of which copies will be kept for a period of five years or more, as required by law.

**5: Signature of client specified in Section 1**

Name and surname

**Signature**

**Date**