

The Financial Intelligence Centre Act (FICA): Client Due Diligence (CDD) Private Company

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:

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 police	cyholder/outright cession	nary/cor	ntribution payer/person a	cting on behalf of
Are you already a client?	Yes No	Mor	mentum Metropolita	an
1.1 Basic information				
Registered name				
Business status	In business		Deregistered	Voluntary liquidation
Registration number			Date r	registered DDMMYYYY
Name of entity/Trade name (If differ	rent from registered name)			
Enterprise type	Converted Closed Corp	poration	Public company	Non profit organisation
Region	Western Cape		Northern Cape	Eastern Cape
	North West		Mpumalanga	Limpopo
	Gauteng		Free State	Kwazulu-Natal
Physical Busines 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	Α	If not South Africa [ZA], please sp	ecify the country code
Is the postal address the same as	the business' physical address?	? Yes	No If no, please c	omplete the postal address.
Postal address	PostNet Suite/PO Box/P	rivate Bag		
Suburb or district				
City or town				Postal code
Country	South Africa Z	Α	If not South Africa [ZA], please sp	ecify the country code
Is the business the owner/tenant of	of the above property, from wher	e it is opera	ating? Owner Ter	nant
* Ensure that the business' physic	cal address details on applicatio	n form mai	tches the address verification doc	cuments provided.
Purpose of company's activities				
VAT reference number				
If no VAT reference number, pleas	se give reason		<u></u>	

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1.2 Additional information

All individuals ultimately holding a material interest in the capital of the company have to be identified and will require individual identity verification.

1.2.1 Details of Chief Executive Officer (CEO)/Managing Director (MD)/Directors

1. Full names			2. Full names			
Identity/Passport number			Identity/Passport n	umber		
Physical address			Physical address			
Capacity/Designation			Capacity/Designati	on		
PEP	Yes	No	PEP	Yes	No	
DPIP	Yes	No	DPIP	Yes	No	
FPPO	Yes	No	FPPO	Yes	No	
3. Full names			4. Full names			
Identity/Passport number			Identity/Passport n	umber		
Physical address			Physical address			
Capacity/Designation			Capacity/Designati	on		
PEP	Yes	No	PEP	Yes	No	
DPIP	Yes	No	DPIP	Yes	No	
FPPO	Yes	No	FPPO	Yes	No	
5. Full names			6. Full names			
Identity/Passport number			Identity/Passport n	umber		
Physical address			Physical address			
Capacity/Designation			Capacity/Designati	on		
PEP	Yes	No	PEP	Yes	No	
DPIP	Yes	No	DPIP	Yes	No	
FPPO	Yes	No	FPPO	Yes	No	

1.2.2 Details of employees/persons authorised to act/transact with Momentum, Metropolitan on behalf of company

1. Full names			2. Full names									
Identity/Passport number			Identity/Passport number									
Physical address			Physical address									
Capacity/Designation			Capacity/Designation									
PEP	Yes	No	PEP	Yes	No							
DPIP	Yes	No	DPIP	Yes	No							
FPPO	Yes	No	FPPO	Yes	No							
3. Full names			4. Full names									
Identity/Passport number			Identity/Passport number									
Physical address			Physical address									
Capacity/Designation			Capacity/Designation									
PEP	Yes	No	PEP	Yes	No							
DPIP	Yes	No	DPIP	Yes	No							
			FPPO	Yes		1						

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5. Full names			6. Full names			
Identity/Passport number			Identity/Passport number			
Physical address			Physical address			
Capacity/Designation			Capacity/Designation			
PEP	Yes	No	PEP	Yes	No	
DPIP	Yes	No	DPIP	Yes	No	
FPPO	Yes	No	FPPO	Yes	No	

1.2.3 Details of legal and natural persons, partners and trusts, holding more than 25% shareholding or the voting rights at general meetings of the company (Ultimate Beneficial Ownership)

1. Full names					2. Full names								
Identity/Passport/ Registration number				Identity/Passport/ Registration number									
Physical address					Physical address	Physical address							
Percentage				%	Percentage				%	Y			
Capacity/Designation		-		1.5	Capacity/Designation								
PEP	Yes		No		PEP	Yes		No					
DPIP	Yes		No		DPIP	Yes		No					
FPPO	Yes		No		FPPO	Yes		No					
3. Full names					4. Full names								
Identity/Passport/ Registration number					Identity/Passport/ Registration number								
Physical address					Physical address								
Percentage				%	Percentage				%	Υ			
Capacity/Designation					Capacity/Designation								
PEP	Yes		No		PEP	Yes		No					
DPIP	Yes		No		DPIP	Yes		No					
FPPO	Yes		No		FPPO	Yes		No					
5. Full names					6. Full names								
Identity/Passport/ Registration number					Identity/Passport/ Registration number								
Physical address					Physical address								
Percentage				%	Percentage				%	Y			
Capacity/Designation					Capacity/Designation								
PEP	Yes		No		PEP	Yes		No					
DPIP	Yes		No		DPIP	Yes		No					
FPPO	Yes	Yes No		FPPO	Yes		No						

1.3 Anti-money laundering provisions

1.3.1 Source of Income/Wealth* (Policyholder)

ture of business	
ture of business	

Source of income/wealth is defined as funds received on a regular basis for work/services rendered or investment income.

		Client Iden	ntity/Registr	ation Numb	er								
1.3.2 Source of funds for investment/tr	ransaction* (Contribut	tion payer)											
Business profits	Name of business												
Sale of property	Address of sold pro	operty											
Sale of assets	Description of wha	it was sold											
Sale of business	Registration numb	er											
Investment Savings	Source of capital/s	avings											
	Name of investmer	nt company											
	Account/contract n	umber whe	ere the fund	s are held									
Sale of shares	Entity detail & qua	ntity of shar	res sold										
Donation	Source of donation	1											
Other	Specify												
person may sell his/her property and in 2: Verification documents	vest the capital gaine	;d.										_	
2.1 Verification of registered na	me, number and a	address											
CM 1 and/or CM 22	CM 29 and/o	r CC	R 15	COR 2	21	and/	or	С	OR 39		and/or		COR 14.3
Note: CIPC printouts as proof of registra							- [
2.1.2 Verification of each person author 2.1.2.1 Resolution by the board author on behalf of the company (In 2.1.2.2 Please complete the checkles) 2.2.2 Verification of Ultimate Benefits 2.3.4 Verification of Ultimate Benefits 2.4 Verification of Ultimate Benefits 2.5 Verification of Ultimate Benefits 2.6 Verification of Ultimate Benefits 2.7 Verification of Ultimate Benefits 2.8 Verification of Ultimate Benefits 2.9 Verification of Ultimate Benefits 2.1 Verification of Ultimate Benefits 2.1 Verification of Ultimate Benefits 2.1 Verification of Ultimate Benefits 3.1 Verification of Ultimate Benefits 4.1 Verification of	horising the conclusion less than 3 months of list applicable to nature	with Momer on of the con d); and	ntum, Metro	politan on	behal name	f of th	e co	mpany ns aut	horise	d to c	onclud		
Verification of legal or natural pe company Please provide one of the options noted	rsons, partners or tru	sts entitled	to exercise	25% or mo	ore of	the vo	oting	rights	at the	gene	ral mee	etings (of the
2.2.1.1 Latest structure chart of ent	ity.												
2.2.1.2 Latest audited Financial Sta	atements.												
2.2.1.3 Rationale for the company a	and details of the stru	ıcture.											
2.2.1.4 A copy of Director and share	eholder register.												
2.2.1.5 Written confirmation of the	company shareholdin	ıg.											
2.2.2. Varification of legal or natural na		esta antitlad											
2.2.2 Verification of legal or natural pe company	rsons, partners or tru	sts entitied	to exercise	25% or mo	ore of	the vo	oting	rights	at the	gene	ral mee	etings (of the
				25% or mo	ore of	the vo	oting	rights	at the	gene	ral mee	etings (of the
company	(Section 1.1 & 1.2 &	Section 2.1	1).	25% or mo	ore of	the vo	oting	rights	at the	gene	ral mee	etings (of the
company 2.2.2.1 Natural persons - FICA 001	(Section 1.1 & 1.2 & 102 (Section 1.1 & 1.2)	Section 2.1	1). 2.1).	25% or mo	ore of	the vo	oting	rights	at the	gene	ral mee	etings o	of the
2.2.2.1 Natural persons - FICA 001 2.2.2.2 Private companies - FICA 0	(Section 1.1 & 1.2 & 002 (Section 1.1 & 1.2 & 1.	Section 2.1 2 & Section 1.2 & Section	1). 2.1). on 2.1).	25% or mc	ore of	the vo	oting	rights	at the	gene	ral mee	etings (of the
2.2.2.1 Natural persons - FICA 001 2.2.2.2 Private companies - FICA 0 2.2.2.3 Closed Corporations - FICA	(Section 1.1 & 1.2 & 102 (Section 1.1 & 1.2 & 1.	Section 2.1 2 & Section 1.2 & Section 2 & Section	1). 2.1). on 2.1).	25% or mo	ore of	the vo	oting	rights	at the	gene	ral mee	etings (of the
2.2.2.1 Natural persons - FICA 001 2.2.2.2 Private companies - FICA 0 2.2.2.3 Closed Corporations - FICA 2.2.2.4 Other legal persons - FICA	(Section 1.1 & 1.2 & 102 (Section 1.1 & 1.2 & 1.	Section 2.1 2 & Section 1.2 & Section 2.2 & Section 2.1 & 2.2).	1). 2.1). on 2.1).	25% or mo	ore of	the vo	oting	rights	at the	gene	ral mee	etings (of the
2.2.2.1 Natural persons - FICA 001 2.2.2.2 Private companies - FICA 0 2.2.2.3 Closed Corporations - FICA 2.2.2.4 Other legal persons - FICA 2.2.2.5 Trusts - FICA 005 (Section	(Section 1.1 & 1.2 & 102 (Section 1.1 & 1.2 & 1002 (Section 1.1 & 1.2 & 1004 (Section 1.1 & 1.1 & 1.2 & Section 1.1 & 1.2 & Se	Section 2.1 2 & Section 1.2 & Section 2.2 & Section 2.1 & 2.2). ction 2.1).	1). 2.1). In 2.1).	25% or mo	ore of	the vo	oting	rights	at the	gene	ral mee	etings	of the

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2.3 Verification of trade name and business address

Please attach one of the following, reflecting the trade name and business address:

2.3.1	A city council/municipal/electricity provider/utility/service bill (less than 3 months old); or
2.3.2	A lease or rental agreement/rental contract renewal (less than 12 months old); or
2.3.3	A property rates and taxes invoice (less than 3 months old); or
2.3.4	A mortgage statement (less than 3 months old); or
2.3.5	A Telkom land line, fiber or ADSL account (less than 3 months old); or
2.3.6	A short-term insurance schedule (less than 12 months old); or
2.3.7	Correspondence from a body corporate/share-block association (less than 3 months old); or
2.3.8	A bill/statement from a company contracted for an ongoing service at the property given as the business address. Examples of such services are security monitoring and armed response services that are regularly billing the business (less than 3 months old); or
2.3.9	Bank account statement (less than 3 months old); or
2.3.10	A document from SARS (less than 3 months old); or
2.3.11	Mobile account from service provider (less than 3 months old).

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.

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	
Name of bank	
Branch code	Branch name
Account number	
Account type	Current/Cheque Savings

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 ma	ıde								
Date of deposit	D D M M Y	YY	Y	Amount deposited	t				
Source (account number) from where the	funds originated								
Name of account holder									
The contract number for which the funds a	are intended								

^{**} 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.

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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 specifi	ed in Section 1	
Name	and surname of authorised signator		
	ignature of		
aı	uthorised signatory		Date D D M M Y Y Y Y

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