

The Financial Intelligence Centre Act (FICA): Client Due Diligence (CDD) Closed Corporation

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.

Are you already a client?	Yes	No		Moment	ıım		Metropolitan								
are you already a olient:	103	140		WOMEN	uiii		Wetropolitari								
1.1 Basic information															
Registered name															
Business status	In business				Deregist	ered		V	olunt	ary liq	uidati	on			
Registration number							Date reg	istered	ered DDMMYYY						
Trade name (If different from registe	ered name)														
Region	Western Cape				Northern	Сар	е	E	aster	n Cap	е				
	North West				Mpumala	anga		Limpopo							
	Gauteng	Gauteng				te		ŀ	(wazı	ulu-Na	ital				
Physical Busines Address	Unit number (if ap	oplicable	e)		Co	mple	x (if applicable)								
	Street number			S	treet nar	ne or	name of farm								
Suburb or district															
City or town									Po	ostal c	ode				
Country	South Africa	Z	Α	If no	t South	Africa	[ZA], please spec	fy the o	count	ry cod	е				
s the postal address the same as	the business' physical a	ddress	? Yes		No		If no, please com	plete tl	ne po	stal a	ddres	S.			
Postal address	PostNet Suite/Po	O Box/F	Private E	Bag											
Suburb or district															
City or town									Po	ostal c	ode				
Country	South Africa	Z	Α	If no	t South	Africa	[ZA], please spec	fy the o	count	ry cod	е				
s the business the owner/tenant o	of the above property, fro	m wher	e it is o	perating	?)wnei	Tenar	ıt							
Ensure that the business' physic	al address details on ap	plication	on form	matches	the add	Iress	verification docum	nents p	rovid	ed.					
Purpose of corporation's activities															
/AT reference number															
If no VAT reference number, pleas	e give reason														

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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 all active members

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

1.2.2 Details of persons authorised to act/transact with Momentum, Metropolitan on behalf of the CC, who is not a member of the CC

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

			Client Identity	//Registration Number							
5. Full names				6. Full names							
Identity/Passport number				Identity/Passport number							
Physical address				Physical address							
Designation/Capacity				Designation/Capacity							
PEP	Yes	No		PEP	Yes		No				
DPIP	Yes	No		DPIP	Yes		No				
FPPO	Yes	No		FPPO	Yes		No				
.3 Anti-money launde .3.1 Source of Income/Wea ature of business ource of income/wealth is de	alth* (Poli	cyholder)	gular basis fo	or work/services rendered or ir	nvestme	nt inco	ome.				
3.2 Source of funds for inv	estment/	'transaction*									
Business profits		Name of business									
Sale of property		Address of sold prop	perty								
Sale of assets		Description of what	was sold								
Sale of business		Registration numbe	r								
Investment Savings		Source of capital/sa	vings								
		Name of investment	company								
		Account/contract nu	ımber where	the funds are held							
Donation		Source of donation									
Other		Specify									
verification docu	erty and i	nvest the capital gained	d.	rill not always correspond with t					3		
CK1 a	nd/or	CK2 (if applicable)	and/	or COR 18.1		ınd/or		OR 1	8.3		
ote: CIPC printouts as proof					a	ii iu/Ui		OIT.	0.5		
Verification of all memi		·	man unice (o	, monuis.							
Diagon complete the attention	akliat ass	oliophia to natural a	- FICA 00	04 (Caption 4.4.9.4.0.9 Cartier	0 1\ f==		marsh s				
riease complete the che	ckiist app	oncable to natural perso	ліs - FICA UC	01 (Section 1.1 & 1.2 & Section	ı ∠. ı) tor	eacn	membel				
1.2 Verification of each pe member of the CC)	rson auth	norised to act/transact w	ith Momentu	m, Metropolitan on behalf of th	e CC (w	here t	he autho	orised	d perso	on is no	ot a
		ers authorising the conce closed corporation (le		e contract and reflecting the nanths old); and	ames of	f perso	ons auth	orise	d to c	onclud	le the
2.1.2.2 Please complete	the checl	klist applicable to natura	al persons - F	FICA 001 (Section 1.1 & 1.2 & S	Section 2	2.1) fo	r each a	uthor	ised p	erson.	

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2.1.3 Verification of legal or natural persons, partners or trusts entitled to exercise 25% or more of the voting rights at the general meetings of the company

2.1.3.1 Natural persons - FICA 001 (Section 1.1 & 1.2 & Section 2.1).
2.1.3.2 Private companies - FICA 002 (Section 1.1 & 1.2 & Section 2.1).
2.1.3.3 Closed Corporations - FICA 003 (Section 1.1 & 1.2 & Section 2.1).
2.1.3.4 Other legal persons - (Section 1.1 & 1.2 & Section 2.1).
2.1.3.5 Trusts - FICA 005 (Section 1.1 & 1.2 & Section 2.1 & 2.2).
2.1.3.6 Partnerships - FICA 006 (Section 1.1 & 1.2 & Section 2.1).
2.1.3.7 Foreign companies - FICA 007 (Section 1.1 & 1.2 & Section 2.1).
2.1.3.8 Listed companies - FICA 010.

2.2 Verification of trade name and business address

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

2.2.1	A city council/municipal/electricity provider/utility/service bill (less than 3 months old); or
2.2.2	A lease or 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	A mortgage statement (less than 3 months old); or
2.2.5	A Telkom land line, fiber or ADSL account (less than 3 months old); or
2.2.6	A short-term insurance schedule (less than 12 months old); or
2.2.7	Correspondence from a body corporate/share-block association (less than 3 months old); or
2.2.8	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 then 3 months old); or
2.2.9	Bank account statement (less than 3 months old).
2.2.10	A document from SARS (less than 3 months old).
2.2.11	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:

A proof of deposit is required and must in	dicate.			
From which institution was the deposit ma	ade			
Date of deposit	D D M M Y Y Y	Y Amount deposited		
Source (account number) from where the	funds originated			
Name of account holder				
The contract number for which the funds	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.

Client Identity/Registration Number													
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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 specified in Section 1		
Name and surname of authorised signatory			
	ignature of		
aı	uthorised signatory		Date D D M M Y Y Y

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