

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

Client Identity/Registration Number																				
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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 policyholder/outright cessionary/contribution payer/person acting on behalf of _____

Are you already a client? Yes No Momentum Metropolitan

1.1 Basic information

Name of the partnership

Purpose of partnership agreement

VAT reference number

If no VAT reference number, please give reason

1.2 Additional information

1.2.1 Details of all partners, including every member of a partnership en commandite, an anonymous partnership or any similar partnership) executive control/managing/silent partner

1. Full names				2. Full names					
Identity/Passport number				Identity/Passport number					
Physical address				Physical address					
Capacity/Designation				Capacity/Designation					
PEP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	PEP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
DPIP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	DPIP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
FPPO	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	FPPO	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
3. Full names				4. Full names					
Identity/Passport number				Identity/Passport number					
Physical address				Physical address					
Capacity/Designation				Capacity/Designation					
PEP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	PEP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
DPIP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	DPIP	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>
FPPO	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>	FPPO	Yes	<input type="checkbox"/>	No	<input type="checkbox"/>

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	

1.2.2 Details of persons who have authority to act/transact with Momentum, Metropolitan on behalf of the partnership

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					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				
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	

1.3 Anti-money laundering provisions

1.3.1 Source of Income/Wealth* (Policyholder)

Nature of business

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

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 made

Date of deposit 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.

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

Signature of authorised signatory

Date