momentum

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

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 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 r	eason

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	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	No		FPPO	Yes		No				

Client Identity/Registration Number														
-------------------------------------	--	--	--	--	--	--	--	--	--	--	--	--	--	--

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						lde	ntity/Passport number					
Physical address						Ph	ysical address					
Capacity/Designation						Ca	pacity/Designation					
PEP	Yes		No			PE	Р	Yes		No		
DPIP	Yes		No			DP	IP	Yes		No		
FPPO	Yes		No			FP	PO	Yes		No		
3. Full names						4. Ful	Inames					
Identity/Passport number						lde	ntity/Passport number					
Physical address						Ph	ysical address					
Capacity						Ca	pacity					
PEP	Yes		No			PE	Р	Yes		No		
DPIP	Yes		No			DP	IP	Yes		No		
FPPO	Yes		No			FP	PO	Yes		No		
5. Full names						6. Ful	Inames					
Identity/Passport number						lde	ntity/Passport number					
Physical address						Ph	ysical address					
Capacity/Designation						Ca	pacity/Designation					
PEP	Yes		No			PE	Р	Yes		No		
DPIP	Yes		No			DP	IP	Yes		No		
FPPO	Yes		No			FP	PO	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.

|--|

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

Business profits	Name of business
Sale of property	Address of sold property
Sale of assets	Description of what was sold
Sale of business	Registration number
Investment Savings	Source of capital/savings
	Name of investment company
	Account/contract number where the funds are held
Sale of shares	Entity detail & quantity of shares sold
Donation	Source of donation
Other	Specify

* 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

2.1 Verification of partnership agreement

The document must contain the following:

2.1.1	Terms on which the partnership was formed;
2.1.2	The name of the partnership;
2.1.3	The trade registration number where applicable;
2.1.4	Business address;
2.1.5	Address details for every partner; and
2.1.6	Information of every member of a partnership en commandite (with limited partners), an anonymous partnership or similar partnership

2.2 Verification of all partners

2.2.1 Natural persons

2.2.1.1 Natural Person - Please complete FICA 001 (Section 1.1 & 1.2 & Section 2.1) for each partner

2.2.2 Legal Persons

2.2.2.1 Private companies - Please complete FICA 002 (Section 1.1 & 1.2 & Section 2.1).
2.2.2.2 Closed Corporations - Please complete FICA 003 (Section 1.1 & 1.2 & Section 2.1).
2.2.2.3 Trusts - Please complete FICA 005 (Section 1.1 & 1.2 & Section 2.1 & 2.2).
2.2.2.4 Foreign companies - Please complete FICA 007 (Section 1.1 & 1.2 & Section 2.1).

2.3 Verification of persons who exercise executive control over the partnership

2.3.1 Please complete the checklist applicable to natural persons - FICA 001 (Section 1.1 & 1.2 & Section 2.1) for each person exercising executive control.

2.4 Verification of persons who have authority to transact with Momentum, Metropolitan on behalf of the partnership

2.4.1	Please complete the checklist applicable to natural persons - FICA 001 (Section 1.1 & 1.2 & Section 2.1) for each authorised representative.	
	Resolution by the partners authorising the conclusion of the contract and reflecting the names of persons authorised to conclude the transaction on behalf of the company (less than 3 months old).	

Client Identity/Registration Number	
-------------------------------------	--

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 in	dicate:			
From which institution was the deposit ma	ade			
Date of deposit	DDMMYYYY	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	D D M M Y Y Y Y

Momentum 268 West Avenue Centurion 0157 PO Box 7400 Centurion 0046 South Africa ShareCall 0860 44 11 11 Fax +27 12 675 3947 www.momentum.co.za

Momentum, a division of Momentum Metropolitan Life Limited, an authorised financial services and credit provider. Reg. No. 1904/002186/06