

FICA CLIENT INFORMATION FORM

ANNEXURE A

Please complete the details of each authorised representative and shareholders of the relevant entity below
Company Rep Details:
Title: Surname:
First Names(s)
Physical address
Code Out to the late it. To be a few and a fe
Contact details: Tel: () Cell: ()
Email:
Please tick relevant box for method of identification:
Identity document Passport (non-residents only Passport non-residents only Passport non-resident non-re
ID no./passport no.
Date of birth D D M M Y Y Y U U U U U U U U U U U U U U U U
SHAREHOLDER DETAILS AND BENEFICIAL OWNERS: If a natural person:
Title: Surname:
First Names(s):
Physical address:
Code
Contact details: Tel: () Cell: ()
Email:
Shareholding percentage:%
Please tick relevant box for method of identification:
Identity document Passport (non-residents only)
ID no./passport no.
Date of birth D D M M Y Y Y S S S S S S S S S S S S S S S S



If a Trust/Company/CC:	
Registered name Physical/business address	
, 0.100, 200, 1000	
	Code
Contact details: Tel: ()	Cell: ()
Email:	
Shareholding percentage:%	<u>)</u>
Trust/Company/CC No.	
Entity registration documents attached	
Supporting documentation required (all d	·
To Verify details of: Authorised representatives and Shareholders and beneficial owners of a company who are natural persons	To verify identity: If South African: Copy of SA barcoded ID or Copy of SA passport Copy of utility bill If foreign: Copy of passport Copy of utility bill if foreign national is residing in South Africa Copy of permit
Entities	Copy of relevant registration documents Proof of business address (Utility Bill or affidavi signed letterhead)
	NB: INCLUDE GROUP STRUCTURE
Trusts	Copy of Letter of Authority Copy of Trust Deed/ Founding documents