IRONSIDE

WEALTH AND INVESTMENTS

# CLIENT INFORMATION FORM (INDIVIDUAL)

Version: 03.05.2019

## A. GENERAL (OFFICE)

Date: ____________________

Client: ____________________

Portfolio Manager: ____________________

Wealth Manager: ____________________

Existing Client (IWI) account number: ____________________

Account Type:

Managed ☐ Advisory ☐ Other: ___________.

## B. INDIVIDUAL CLIENTS, MINORS, ESTATE LATE AND AUTHORISED INDIVIDUALS FOR CORPORATE ENTITIES

Non-resident account: | Y | N | Estate Late: | Y | N |

Citizenship: ____________________. Country of Residence: ____________________.

Identification document type:

South African ID ☐ National ID ☐ South African Passport ☐ Foreign Passport ☐

| | | | | | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|---|---|---|---|
| South African Identity Number | | | | | | | | | | | | | |
| National Identity Number | | | | | | | | | | | | | |
| Passport Number | | | | | | | | | | | | | |

Passport country of issue: ____________________.

Date of Birth: | D | D | M | M | C | C | Y | Y | Date of death (estate late): | D | D | M | M | C | C | Y | Y |

Country of birth: ____________________.

Title: Mr. ☐ Mrs. ☐ Miss. ☐ Other: ___________.

Prefix (if applicable): ____________________________. Suffix (if applicable): ____________________________.

Full Name(s): ______________________________________________________________________________.

Preferred Name(s): __________________________________________________________________________.

Surname(s): ________________________________________________________________________________.

Maiden Name(s): ____________________________________________________________________________.

Gender Male ☐ Female ☐

Occupation: ________________________________________________________________________________.

## C. SOURCE OF WEALTH/ FUNDS/ INCOME

- **Source of wealth: How the client acquired their wealth (Compulsory)**

| | | | | | |
|---|---|---|---|---|---|
| *Employment income / self-employment income / employment bonus / savings from employment* | ☐ | *Matured investment/ policy claim* | ☐ | *Divorce / settlement* | ☐ |
| *Investment income* | ☐ | *Sale of property* | ☐ | *Retirement* | ☐ |
| *Redundancy payment* | ☐ | *Inheritance or gift* | ☐ | *Other* | ☐ |

- **Source of funds: Source of the funds which the clients expect to use in this transaction (Compulsory)**

| | | | | | |
|---|---|---|---|---|---|
| *Transfer from another Investment Manage* | ☐ | *Policy payout/ claim* | ☐ | *Transfer from a bank Account* | ☐ |
| *Matured Investment* | ☐ | *Other* | ☐ | | |

- **Source of income: (Compulsory)**

| | | | | | |
|---|---|---|---|---|---|
| *Employment income* | ☐ | *Self-employment income* | ☐ | *Investment income* | ☐ |
| *Other* | ☐ | | | | |

Please provide further details if you selected other: ________________________________________.

- **Income per annum:**

| | | | | | |
|---|---|---|---|---|---|
| *R0 - R500 000* | ☐ | *R500 000 - R1 000 000* | ☐ | *R1 000 000 - R3 000 000* | ☐ |
| *R3 000 000 and over* | ☐ | | | | |

## D. MARITAL STATUS (COMPULSORY)

| | | | | | |
|---|---|---|---|---|---|
| *Single* | ☐ | *Married in community** | ☐ | *Married out of community* | ☐ |
| *Married out of community with accrual* | ☐ | *Divorced* | ☐ | *Widowed* | ☐ |
| *Life partner* | ☐ | *Customary marriage* | ☐ | **Spouse to sign this document in Section G* | |

Date of marriage (if applicable): ______________________________________________________.

Country of marriage (if foreign): ______________________________________________________.

Name of spouse/ partner: ______________________________________________________________.

Next of kin: _________________________________________________________________________________.

*MARRIAGE IN COMMUNITY OF PROPERTY SPOUSE:
I, the undersigned spouse of above client, confirm that I have given my consent for him/her to deal with, dispose of, manage, appoint managers in respect of and otherwise make decisions in respect of the assets forming part of our joint estate in terms of this Mandate.

Signed at: ____________________ on this the _____________ day of ______________ in the year _____________.

Signature: ____________________

Print full name: ____________________

## E. CONTACT DETAILS

| Client contact details | | Preferred Address |
|---|---|---|
| Residential/ registered address (domicilium address) | ____________________. | ☐ |
| | ____________________. | |
| | Suburb ____________________. | |
| | Province ____________________. | |
| | Country ____________________. | |
| | Postal Code ____________________. | |
| Postal Address (if not the same) | ____________________. | ☐ |
| | ____________________. | |
| | Suburb ____________________. | |
| | Province ____________________. | |
| | Country ____________________. | |
| | Postal Code ____________________. | |
| Telephone (H) | ____________________. | ☐ |
| Telephone (W) | ____________________. | ☐ |
| Cell Phone | ____________________. | ☐ |
| Fax | ____________________. | ☐ |
| Email (H) | ____________________. | ☐ |
| Email (W) | ____________________. | ☐ |
| Next of kin contact number | ____________________. | |

## F. COMMUNICATION PREFERENCES

All Communication will be sent to you via e mail only.

| Communications | Frequency | Receive |
|---|---|---|
| Tax reports | Yearly | ☐ |
| Monthly Statements | Monthly | ☐ |
| Brokers Notes | Monthly | ☐ |
| Newsletter | Quarterly | ☐ |
| Company reports | Ad Hoc | ☐ |
| Ad Hoc Communications | Ad Hoc | ☐ |
| Portfolio reports | Monthly | ☐ |

## G. TAX DETAILS

**Dividend Withholding Tax (DWT)**

Dividend withholding tax (DWT) exempt? Yes ☐ No ☐

Country of permanent residence: ______________________________.

Country of tax residence: ______________________________.

Country of residence for exchange control purposes:______________________________.

Tax registration/ Identification: | | | | | | | | | | | | | |

Additional Country of tax residence (if applicable):______________________________.

Tax registration/identification number: ______________________________.

**Foreign Account Tax Compliance Act (FATCA)**

Are you a citizen or tax resident of the USA?

Where in the USA is your place of birth: ______________________________.

Tax registration number:______________________________.

OR

Tax identification number (TIN):______________________________.

## H. DETAILS OF EXECUTOR, GAURDAIN AND POWER OF ATTORNEY

Title: Mr. ☐ Mrs. ☐ Miss. ☐ Other: ___________.

Full Name(s): ______________________________.

Preferred Name(s): ______________________________.

Surname(s): ________________________________________________________________________________.

Date of Birth: Non-resident account:

South African Identity Number: | | | | | | | | | | | | | |
(Certified copy required)

Citizenship/ nationality: ________________________________________________________________________.

Passport Number: | | | | | | | | | | | | | |
(Certified copy required)

Tax registration number: ________________________________________________________________________.

Are you a citizen or tax resident of the USA?

Where in the USA is your place of birth: ___________________________________________________________.

Tax registration number:__________________________________________________________________________.

OR

Tax identification number (TIN):__________________________________________________________________.

## I. CLIENT AUTOHIRSATION AND ACCEPTANCE

I hereby acknowledge and confirm that:

- I have received a copy of the mandate and confirm further that I have read and understood them.
- I have received a copy of the relevant portfolio/wealth manager's information disclosure document.
- The information I have provided in terms of this mandate is true and correct.
- The information I have provided regarding my tax self-certification declaration is true and correct.
- Where I had any uncertainty on any aspect of this mandate, I had the option of requesting an authorised representative of Ironside Wealth and Investments to explain and clarify the uncertainty for me.
- The terms of the mandate and the risks associated with investments in the stock market were explained to me and I confirm that I understand them.
- I confirm further that I am aware that I could, at any time prior to signing this mandate, have approached a suitably qualified financial advisor of my choosing for professional advice.
- In respect of private individuals only, Ironside Wealth and Investments is authorised, at its discretion, to perform a credit check from time to time.

## J. DIVIDEND WITHHOLDING TAX

I hereby confirm by my signature hereto that:

- Insofar I am tax resident in South Africa and a dividend, other than a dividend in specie, has been paid to me as beneficial owner and that dividend constitutes income (i.e. falls into the normal tax system) and I am exempt from dividends tax in terms of section 64F(l) of the Income Tax Act No. 58 of 1962 ('the Act').
- Insofar I am not tax resident in South Africa (i.e. for tax purposes resident in any other country than South Africa) and a dividend that is a dividend as contemplated in paragraph (b) of the definition of 'dividend' in section 64D of the Act (i.e. a dividend on a foreign company's share listed on the JSE), I am exempt from dividends tax in terms of section 64F(j) of the Act.
- Foreign dividend withholding tax is typically applied at the official rate applied in the company's country of domicile.
- I will inform SPW, in writing, should any of the circumstances as disclosed in this document change (i.e. for example a change in tax residency and as a result the exempt status of certain dividends from dividends tax.

## K. WARRANTS, OPTIONS AND SHARE INSTALLEMNTS (IF APPLICABLE)

I hereby confirm by my signature hereto that:

- I am a client of IWI;
- as part of the trading activities on my account, which may include equities, gilts and money market instruments, I also may trade in warrants, options or share instalments; and
- I have read and understood the provisions in the terms and conditions concerning the risk associated with investing warrants, options and share installments and accept such risk.

Signed at: ____________________on this the______________________day of_____________________in the year__________.

_____________________________________________.

Client Signature.

_____________________________________________.

Portfolio Manager/Wealth Manager Signature.