

FATCA/CRS Self-Certification Declaration For an Individual Linked Investments

The government of South Africa has entered into agreements under which it has agreed to the automatic exchange of information with other countries. These agreements are aimed at improving tax compliance between the countries over financial assets held by investors within their boundaries. As a result of these agreements, South Africa has introduced tax laws which require that we collect information about each investor's tax residency and tax classification. We are also required to report the tax information we have collected together with the investor's investment account(s) information to the South African Revenue Services (SARS).

What this means for you as a client is that STANLIB is obliged to provide SARS with certain information you provide to STANLIB when you invest or transact with us. SARS in turn may pass the information to other tax authorities outside South Africa as required by the agreements the government has entered into. STANLIB may, in complying with its reporting obligations to SARS, make use of the services of other companies in its group of companies in collating, interpreting, storing and forwarding of your information to SARS.

The information in this self-certification form is not tax advice. We recommend that you consult a professional tax or legal advisor for specific tax or legal advice.

CLIENT DETAILS

INVESTMENT ACCOUNT NUMBER*	<input type="text"/>			
NAME & SURNAME*	<input type="text"/>			
DESIGNATION/ CAPACITY*	<input type="checkbox"/> INVESTOR	<input type="checkbox"/> CONTROLLING PERSON		
CELL PHONE NUMBER*	<input type="text"/>			
ID/ PASSPORT/ ASYLUM NUMBER*	<input type="text"/>			
DATE OF BIRTH *	<input type="text"/> D	<input type="text"/> D	-	<input type="text"/> M
				<input type="text"/> M
			-	<input type="text"/> Y
				<input type="text"/> Y
				<input type="text"/> Y
				<input type="text"/> Y
PASSPORT EXPIRY DATE*	<input type="text"/> D	<input type="text"/> D	-	<input type="text"/> M
				<input type="text"/> M
			-	<input type="text"/> Y
				<input type="text"/> Y
				<input type="text"/> Y
				<input type="text"/> Y
COUNTRY OF ISSUE*	<input type="text"/>			
COUNTRY OF BIRTH*	<input type="text"/>			
NATIONALITY*	<input type="text"/>			

*Compulsory fields

ADDRESS DETAILS

PHYSICAL ADDRESS

COMPLEX/UNIT/ NUMBER	<input type="text"/>	COMPLEX NAME	<input type="text"/>
STREET NUMBER	<input type="text"/>	STREET NAME*	<input type="text"/>
SUBURB*	<input type="text"/>	CITY*	<input type="text"/>
COUNTRY*	<input type="text"/>	POSTAL CODE*	<input type="text"/>

*Compulsory fields

POSTAL ADDRESS

SAME AS PHYSICAL ADDRESS

ADDRESS TYPE PO BOX PRIVATE BAG POSTNET SUITE POSTNET SUITE NUMBER



NUMBER POST OFFICE NAME POSTAL CODE

TAX INFORMATION

ARE YOU A REGISTERED TAX PAYER YES NO

If Yes, please indicate all countries (**including South Africa**) in which you are resident for tax purposes and the associated tax identification numbers in the table below as mandatory information.

Country(ies) of Tax Residency *	Tax Identification Number * (If you do not have a TIN, please provide reason)
1.	
2.	
3.	
4.	
5.	

DECLARATION

I agree to provide all documentation and information required in terms of the STANLIB business rules. I also confirm that all information I have provided in this self-certification form is true and correct. I have read, understood and acknowledge that I am bound by the contents of this self-certification form.

I acknowledge and accept that the information contained in this form and information about the Account Holder may be provided to SARS. Further, that SARS may also exchange the information with the tax authorities of another country or countries in which the Account Holder may be tax resident.

(If the information you have provided in this form changes in future, please submit a new form within 30 days. If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.)

SIGNATURE OF INVESTOR/
CONTROLLING PERSON *

DATE * - -
D D M M Y Y Y Y

SIGNED AT

CAPACITY

*Compulsory fields

