

## FATCA/CRS Self-Certification Declaration For an Individual Collective Investments (Unit Trust)

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.**

\* Note that this is a compulsory field.

### CLIENT DETAILS \*

INVESTMENT NUMBER \*

NAME & SURNAME \*

ID/PASSPORT NUMBER \*

PASSPORT EXPIRY DATE\*  -  -

D D M M Y Y Y Y

DATE OF BIRTH \*  -  -

D D M M Y Y Y Y

COUNTRY OF ISSUE\*

DESIGNATION / CAPACITY \*  INVESTOR  CONTROLLING PERSON

COUNTRY OF BIRTH \*

NATIONALITY \*

\* Note that this is a compulsory field.

### TAX INFORMATION

ARE YOU A REGISTERED TAX PAYER:  YES  NO

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:

By ticking 'Not Applicable' you confirm that the country specified does not issue Tax Identification Number.

Country(ies) of Tax Residency *	Tax Identification Number *	Not Applicable
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>

\* Note that this is a compulsory field.



**CONTACT DETAILS**

\* If you are an **Investor** - please provide the contact details if any of your information is changed.  
\* If you are a **Controlling Person** - please provide the contact details as a mandatory information.

CELL PHONE NUMBER   
EMAIL ADDRESS

**PHYSICAL ADDRESS**

**Please note:** Proof of address (not older than 3 months) is required for any physical address changes.

COMPLEX / UNIT / BUILDING NUMBER  COMPLEX / BUILDING NAME   
STREET NUMBER  STREET NAME   
SUBURB  CITY   
COUNTRY  POSTAL CODE

**POSTAL ADDRESS**

SAME AS PHYSICAL ADDRESS  
POSTAL ADDRESS TYPE  PO BOX  STREET ADDRESS  PRIVATE BAG  POSTNET SUITE  
PO BOX NUMBER / STREET NUMBER  POST OFFICE NAME / STREET NAME   
CITY OR TOWN  PROVINCE / STATE / COUNTY   
POSTAL CODE  COUNTRY

**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 \*  -  -   
SIGNED AT   
CAPACITY

\*Compulsory fields

