



CORPORATE CLIENT APPLICATION FORM

INSTRUCTIONS FOR COMPLETION

- / Before completing this application form, please ensure that you have obtained and read the information regarding the products and services provided by SCM DMA (Pty) Ltd ("DMA") and all relevant terms and policies made available and updated from time to time on our website www.dma.co.za including DMA's Privacy Notice. Once completed, this form and your supporting documents should be sent to DMA at the business address below or alternatively please email a scanned copy to: applications@dma.co.za Please refer to the below list of KYC documents which will be required.
- / PLEASE COMPLETE THE FORM IN BLOCK LETTERS AND IN BLACK OR BLUE INK. ALL ITEMS MARKED WITH * MUST BE COMPLETED.

This form must be signed by at least two directors unless the company has a sole director.

LEGAL IDENTIFIER CODE (LEI):

In accordance with the European Markets Infrastructure Regulations (EMIR) all corporate entities operating within the EU entering into derivative transactions are required to provide a valid LEI code in order to meet the EMIR reporting obligations.

Please note: If the entity does not have a valid LEI code, or a valid LEI code is not provided in this application, any trading account may not be permitted to enter into derivative transactions. LEI codes are issued by Local Operating Units (LOUs) within your area of jurisdiction.

FATCA:

To comply with the Foreign Account Tax Compliance Act (FATCA), DMA is required to obtain a US tax certificate (W-8 or W-9 series as appropriate) from all clients. Without the appropriate tax certificate in place we will not be able to provide an account.

For an overview of all available forms, DMA strongly recommends that you visit the IRS website or consult your external tax advisor.

PART 1: Corporate Details

All items with * must be provided.

PLEASE COMPLETE ALL APPLICABLE SECTIONS CLEARLY IN BLACK OR BLUE PEN USING BLOCK LETTERS.

*Full Corporate Name:

*Registered Office Address:

*Postal Code:

*Country:

*Business Address:

(if different from registered address)

*Postal Code:

*Country:

*Corporate Registration No.:

*Country of Incorporation:

*Nature of Business:

*Do you operate from any place of business in the US?

Yes

No

*Contact Email Address:

Website Address:

*Contact Telephone No.:

*Cell Number.:

Please state the currency of the main account:

The default currency will be ZAR if this is left blank.

The account will be opened onshore where products are exclusively JSE listed.

Exchange Control Regulations apply.

PART 1: Corporate Details (continued)

All items with * must be provided.

*Is your company regulated by a financial services regulator, such as the Financial Sector Conduct Authority or equivalent?

Yes
 No
 Name of the regulator:

Legal Entity Identifier (LEI) (if applicable)

In accordance with the European Markets infrastructure Regulation (EMIR), all corporate entities operating in the EEA entering into derivative transactions are required to have a valid LEI in order to comply with the reporting obligations.

*Please tick all criteria that apply to your company:

- Balance sheet total of at least ZAR 2,000,000 or equivalent
 Net turnover of at least ZAR 4,000,000 or equivalent
 The size of the financial instrument portfolio (cash deposits and financial instruments) held by the company exceeds ZAR 100,000 or equivalent

*Estimated value of investment with DMA over next 3 years, inclusive of initial deposit:

*Is your company listed on a regulated stock exchange?

Yes
 No
 Name of the exchange:

*Please indicate the number of trades the company has undertaken in each of the following products on an execution-only basis during the last 12 months:

- | | | | |
|----------------------|------------------------|----------------------|---------------|
| <input type="text"/> | FX Rolling Spot | <input type="text"/> | Shares |
| <input type="text"/> | Options & Futures | <input type="text"/> | ETFs & ETCs |
| <input type="text"/> | CFDs | <input type="text"/> | Gilts & Bonds |
| <input type="text"/> | Financial Spreads Bets | | |

*Please indicate all sources of funds for the account:

- Share capital
 Trading income
 Investment proceeds & income
 Others, please detail:

PART 2A: Details of Directors

All items with * must be provided.

Please provide details of directors of the company. If there are more than four directors please continue on a separate sheet.

PART 2A: DIRECTOR 1

*Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (Please specify): <input type="text"/>
*Full Name: <small>(as on identity document/passport)</small>	<input type="text"/>					
*Current Residential Address:	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
*Country:	<input type="text"/>			*Postal Code: <input type="text"/>		
	<input type="text"/>			*Country of birth: <input type="text"/>		
*Occupation	<input type="text"/>			*Nationality: <input type="text"/>		
*ID/Passport No.:	<input type="text"/>			*Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>		
*Email Address:	<input type="text"/>			*Cell Number: <input type="text"/>		

PART 2A: DIRECTOR 2

*Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (Please specify): <input type="text"/>
*Full Name: <small>(as on identity document/passport)</small>	<input type="text"/>					
*Current Residential Address:	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
*Country:	<input type="text"/>			*Postal Code: <input type="text"/>		
	<input type="text"/>			*Country of birth: <input type="text"/>		
*Occupation	<input type="text"/>			*Nationality: <input type="text"/>		
*ID/Passport No.:	<input type="text"/>			*Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>		
*Email Address:	<input type="text"/>			*Cell Number: <input type="text"/>		

PART 2A: Details of Directors (continued)

All items with * must be provided.

PART 2A: DIRECTOR 3

*Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (Please specify): <input type="text"/>
*Full Name: <small>(as on identity document/passport)</small>	<input type="text"/>					
*Current Residential Address:	<input type="text"/>					
	<input type="text"/>					*Postal Code: <input type="text"/>
*Country:	<input type="text"/>					*Country of birth: <input type="text"/>
*Occupation	<input type="text"/>					*Nationality: <input type="text"/>
*ID/Passport No.:	<input type="text"/>					*Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>
*Email Address:	<input type="text"/>					*Cell Number: <input type="text"/>

PART 2A: DIRECTOR 4

*Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (Please specify): <input type="text"/>
*Full Name: <small>(as on identity document/passport)</small>	<input type="text"/>					
*Current Residential Address:	<input type="text"/>					
	<input type="text"/>					*Postal Code: <input type="text"/>
*Country:	<input type="text"/>					*Country of birth: <input type="text"/>
*Occupation	<input type="text"/>					*Nationality: <input type="text"/>
*ID/Passport No.:	<input type="text"/>					*Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>
*Email Address:	<input type="text"/>					*Cell Number: <input type="text"/>

PART 2B: Corporate Details – if there is a Corporate Director

All items with * must be provided.

*Full Corporate Name:

*Registered Office Address:

*Country: *Postal Code:

*Business Address: (if different from registered address)

*Country: *Postal Code:

*Nature of Business: *Country of incorporation:

*Contact Email Address: Website Address:

*Contact Telephone No.: *Cell Number:

*Is the company listed on a regulated stock exchange? Yes No

*Legal Entity Identifier Code (LEI):

*If applicable, please provide US IRS Global Intermediary Identification Number (GIIN):

***If the company is not quoted on any regulated stock exchange, list all beneficial owners or shareholders with 5% or more equity/voting rights.**

Full Name	Address	Date of Birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

***Please list all directors of the company (if necessary, provide an additional sheet).**

Full Name	Address	Date of Birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

*Is the company regulated by a financial services regulator, such as the Financial Sector Conduct Authority, or equivalent?

Yes No Name of regulator and license no.:

PART 3A: Details of Beneficial Owners/Shareholders

(not applicable to publicly listed companies if listed on a recognised exchange)

All items with * must be provided.

Please provide details of beneficial owners/shareholders of the company's shares over 5%. If there are more than four beneficial owners/shareholders, please continue on a separate sheet, combine and submit together.

PART 3A: BENEFICIAL OWNER 1

*Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (Please specify): <input type="text"/>
*Full Name: <small>(as on identity document/passport)</small>	<input type="text"/>					
*Current Residential Address:	<input type="text"/>					*Postal Code: <input type="text"/>
*Country:	<input type="text"/>		*Country of birth:	<input type="text"/>		
*Occupation	<input type="text"/>		*Nationality:	<input type="text"/>		
*ID/Passport No.:	<input type="text"/>		*Date of birth:	<input type="text"/>	/	<input type="text"/>
*Email Address:	<input type="text"/>		*Cell Number:	<input type="text"/>		
*SA Tax No.:	<input type="text"/>		*US Tax Identification NO.: (if applicable)	<input type="text"/>		
*Other Tax Identification No.: <small>(if applicable)</small>	<input type="text"/>					
*Which countries are you resident in for tax purposes? List all:	<input type="text"/>			*Do you hold multiple Nationalities? If so, please list:	<input type="text"/>	

PART 3A: BENEFICIAL OWNER 2

*Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (Please specify): <input type="text"/>
*Full Name: <small>(as on identity document/passport)</small>	<input type="text"/>					
*Current Residential Address:	<input type="text"/>					*Postal Code: <input type="text"/>
*Country:	<input type="text"/>		*Country of birth:	<input type="text"/>		
*Occupation	<input type="text"/>		*Nationality:	<input type="text"/>		
*ID/Passport No.:	<input type="text"/>		*Date of birth:	<input type="text"/>	/	<input type="text"/>
*Email Address:	<input type="text"/>		*Cell Number:	<input type="text"/>		
*SA Tax No.:	<input type="text"/>		*US Tax Identification NO.: (if applicable)	<input type="text"/>		
*Other Tax Identification No.: <small>(if applicable)</small>	<input type="text"/>					
*Which countries are you resident in for tax purposes? List all:	<input type="text"/>			*Do you hold multiple Nationalities? If so, please list:	<input type="text"/>	

PART 3A: Details of Beneficial Owners/Shareholders (continued)
(not applicable to publicly listed companies if listed on a recognised exchange)

All items with * must be provided.

PART 3A: BENEFICIAL OWNER 3

*Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (Please specify): <input type="text"/>	
*Full Name: <small>(as on identity document/passport)</small>	
*Current Residential Address:	
*Postal Code: <input type="text"/>	
*Country:	*Country of birth:
*Occupation	*Nationality:
*ID/Passport No.:	*Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>
*Email Address:	*Cell Number: <input type="text"/>
*SA Tax No.:	*US Tax Identification NO.: <small>(if applicable)</small>
*Other Tax Identification No.: <small>(if applicable)</small>	
*Which countries are you resident in for tax purposes? List all:	*Do you hold multiple Nationalities? If so, please list:
<input type="text"/>	<input type="text"/>

PART 3A: BENEFICIAL OWNER 4

*Title: Mr <input type="checkbox"/> Mrs <input type="checkbox"/> Miss <input type="checkbox"/> Ms <input type="checkbox"/> Dr <input type="checkbox"/> Other (Please specify): <input type="text"/>	
*Full Name: <small>(as on identity document/passport)</small>	
*Current Residential Address:	
*Postal Code: <input type="text"/>	
*Country:	*Country of birth:
*Occupation	*Nationality:
*ID/Passport No.:	*Date of birth: <input type="text"/> / <input type="text"/> / <input type="text"/>
*Email Address:	*Cell Number: <input type="text"/>
*SA Tax No.:	*US Tax Identification NO.: <small>(if applicable)</small>
*Other Tax Identification No.: <small>(if applicable)</small>	
*Which countries are you resident in for tax purposes? List all:	*Do you hold multiple Nationalities? If so, please list:
<input type="text"/>	<input type="text"/>

PART 3B: Corporate Shareholder

All items with * must be provided.

*Full Corporate Name:

*Registered Office Address:

*Country: *Postal Code:

*Business Address: (if different from registered address)
 *Country: *Postal Code:

*Nature of Business: *Country of incorporation:

*Contact Email Address: Website Address:

*Contact Telephone No.: *Cell Number:

*Is the company listed on a regulated stock exchange? Yes No

*Legal Entity Identifier Code (LEI):

*If applicable, please provide US IRS Global Intermediary Identification Number (GIIN):

*Tax Identification No. (TIN):

***If the company is not quoted on any regulated stock exchange, list all beneficial owners or shareholders with 5% or more equity/voting rights.**

Full Name	Address	Date of Birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

***Please list all directors of the company (if necessary, provide an additional sheet).**

Full Name	Address	Date of Birth (DD/MM/YYYY)
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>
<input type="text"/>	<input type="text"/>	<input type="text"/> / <input type="text"/> / <input type="text"/>

*Is the company regulated by a financial services regulator, such as the Financial Sector Conduct Authority, or equivalent?

Yes No Name of regulator and license no.:

PART 4: Details of Person(s) Authorised to Operate the Account

All items with * must be provided.

PART 4: PERSON 1

*Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (Please specify): <input type="text"/>
*Full Name: <small>(as on identity document/passport)</small>	<input type="text"/>					
*Current Residential Address:	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
				*Postal Code:	<input type="text"/>	
*Country:	<input type="text"/>			*Country of birth:	<input type="text"/>	
*Occupation	<input type="text"/>			*Nationality:	<input type="text"/>	
*ID/Passport No.:	<input type="text"/>			*Date of birth:	<input type="text"/>	<input type="text"/>
*Email Address:	<input type="text"/>			*Cell Number:	<input type="text"/>	

Trading Knowledge & Experience

*How long has the person authorised to operate the account continuously traded financial instruments, on an execution-only basis, whether for the company or otherwise?

Less than 1 year
 1 - 5 years
 More than 5 years

*Does the person authorised to operate the account have any industry recognised qualifications for the type of trading that your entity intends to carry out with us?

Yes
 No

*Does the person authorised to operate the account work, or has the person worked, in the financial sector for at least one year in a professional position which requires knowledge of the nature and risk involved in the type of trading that your entity intends to carry out with us?

Yes
 No

PART 4: Details of Person(s) Authorised to Operate the Account (continued)

All items with * must be provided.

PART 4: PERSON 2

*Title:	Mr <input type="checkbox"/>	Mrs <input type="checkbox"/>	Miss <input type="checkbox"/>	Ms <input type="checkbox"/>	Dr <input type="checkbox"/>	Other (Please specify): <input type="text"/>
*Full Name: <small>(as on identity document/passport)</small>	<input type="text"/>					
*Current Residential Address:	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
				*Postal Code:	<input type="text"/>	
*Country:	<input type="text"/>			*Country of birth:	<input type="text"/>	
*Occupation	<input type="text"/>			*Nationality:	<input type="text"/>	
*ID/Passport No.:	<input type="text"/>			*Date of birth:	<input type="text"/>	<input type="text"/>
*Email Address:	<input type="text"/>			*Cell Number:	<input type="text"/>	

Trading Knowledge & Experience

*How long has the person authorised to operate the account continuously traded financial instruments, on an execution-only basis, whether for the company or otherwise?

Less than 1 year 1 - 5 years More than 5 years

*Does the person authorised to operate the account have any industry recognised qualifications for the type of trading that your entity intends to carry out with us?

Yes No

*Does the person authorised to operate the account work, or has the person worked, in the financial sector for at least one year in a professional position which requires knowledge of the nature and risk involved in the type of trading that your entity intends to carry out with us?

Yes No

PART 5: Data Protection

By signing this document you confirm that you have read, understand and agree to DMA's Privacy Notice. If there is information pertaining to minor's provided to DMA herein, you confirm that you are a competent person and/or hold the requisite authority to provide DMA with such information for processing. To comply with anti-money laundering and terrorist financing regulations, DMA is required to collect information and to undertake checks on the identity and residential address of the directors, shareholders and other authorised persons, including accessing and using information held in a database or other electronic format through other agencies.

In carrying out electronic verifications, other agencies may retain a record of the enquiry and information given to them. DMA may also request further supporting documentation to verify these details. The information may be disclosed to law enforcement agencies and other relevant organisations for crime detection and prevention purposes. DMA will add data of the individuals (including email details) to the database of DMA which includes entities that are outside the EEA. A list of entities within the DMA Group can be found on www.dma.co.za. DMA may exchange or share information with the firm or person who introduced your company to us for proper performance of the services. DMA may occasionally contact the directors and other authorised persons of the company by email, telephone or post to give information about products and services offered that are similar or related to the products and services provided or previously provided to the company. If you do not consent to the use of your personal data in this way, we are unable to consider your application. By submitting the completed application form to us, you consent to the use of your information as indicated.

PART 6: Board Resolution

All items with * must be provided.

We certify that at a meeting of the directors of (Company Name)
whose registered office is at (Registered Office Address)
held on DD / MM / YY the following resolutions were passed:

1. That SCM DMA (Pty) Ltd ("DMA") is hereby requested and authorised to open for the company such account(s) as may now or from time to time be considered appropriate for purposes of transacting and subscribing to the services and products of DMA according to the relevant terms and conditions;
2. That the director(s) that sign the application form are hereby authorised to do so for and on behalf of the company, do all acts, execute all documents and perform and enter into all agreements necessary or convenient for the purposes of opening and/or operating the account; and,
3. That the person(s) on Part 4 of this application form, and any additional person(s) so indicated, are hereby authorised to give instructions in relation to the account(s).

PART 7: Bank Details

All items with * must be provided.

The following bank details will be used for deposits and withdrawals into and out of DMA.

*Account Name:

*Bank Name:

*Bank Address:

*Swift ID (BIC):

*Clearing Code:

*Branch Name (or city):

*Account Number or IBAN:

DMA does not accept or make 3rd party payments. Third Party deposits received will be returned to remitter by our banking partner per our General Business Terms.

Please submit a suitable proof of bank account in the form of a letter from the bank or statement reflecting account name and number in Applicant name.

PART 8: Declaration

All items with * must be provided.

I/We, jointly and severally, declare that:

- / I/We hereby request and authorise you to open an account for the company;
- / I/We have read and understood the nature and the risk of the product(s) that the company intends to trade in this account;
- / I/We have obtained from the website www.dma.co.za, read and understood the following:
 1. The General Business Terms (including the product risks disclosure detailed in Schedule 1 to these General Business Terms),
 2. DMA Privacy Notice
 3. Order Execution Policy,
 4. Conflict of Interest Policy,
 5. Commission, Charges & Margin Schedule,
 6. Market Conduct Information;
- / I/We warrant that we have full power and authority to open and operate the account in accordance with the above resolutions as well as any other of the company's constitutional documents and without breach of any law, restriction or obligation binding on the company;
- / I/We have provided true, accurate and complete information and authorise you to make any enquiries which you may consider necessary for confirmation of such information and we undertake to update DMA of any changes to the information provided without delay;
- / I/We consent to the Order Execution Policy and for any orders to be executed outside a regulated market or a multilateral trading facility;
- / I/We consent for any of unexecuted limit orders not to be made public;
- / I/We accept and agree to be bound by the terms provided above and consent to such terms and information including future updates to these be provided to me/us by way of posting on the website indicated above;
- / Each director, shareholder and other authorised person of the company consent to the use of their personal information as described on Part 5 of this form; and in terms of DMA's Privacy Notice; and,
- / I/We accept that in certain circumstances DMA will be obliged to share information with tax authorities in terms of law, who may pass it on to other tax authorities.

Full Name:	Name as on Identity Document/Passport	Signature:	
Full Name:	Name as on Identity Document/Passport	Signature:	
Full Name:	Name as on Identity Document/Passport	Signature:	
Full Name:	Name as on Identity Document/Passport	Signature:	
*Date:	<input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/> / <input style="width: 40px; height: 20px;" type="text"/>		

FORM DTD (EX): DIVIDENDS TAX - Declaration & Undertaking to be made by the beneficial owner of a dividend (EXEMPTION FROM TAX)

ONLY COMPLETE IF APPLICABLE (Please seek independent tax advice).

NOTES ON COMPLETION OF THIS FORM:

- / This form is to be completed by the beneficial owner (of dividends, including dividends in specie) in order for the exemptions from dividends tax referred to in section 64F read with sections 64FA(2), 64G(2) or 64H(2)(a) of the Income Tax Act, 1962 (Act No 58 of 1962) (the Act) to apply.
- / In order to qualify for an exemption this declaration and written undertaking should be submitted to the withholding agent (declaring company or regulated intermediary) within the period required by the latter (provided it is before payment of an affected dividend) - failure to do so will result in the full % dividends tax being withheld/payable.

Non-South African residents should not complete this form.

PART A: Withholding Agent

(This part is pre-populated by the regulated intermediary)

Registered name: SCM DMA (Pty) Ltd.
Dividends tax reference number: 9265440173
Address: 48 7th Ave
Parktown North
Johannesburg
2193
Telephone number: +27 (0)10 201 6300
E-mail: applications@dma.co.za

Identity / Passport / Registration number:

Date of birth / inception:

South African income tax reference number:

Physical address:

Postal address:

Country in which resident for tax purposes:

PART C: Exemption

(This part is to be completed by the person entitled to the benefit of the dividend attaching to a share/s)

Please indicate the reason why the beneficial owner is exempt from the dividends tax (select the correct option):

Par (a) – A company which is resident in South Africa

Par (b) – The Government, provincial government or municipality (of the Republic of South Africa)

Par (c) – A public benefit organisation (approved by SARS in terms of section 30(3) of the Act)

Par (d) – A trust contemplated in section 37A of the Act (mining rehabilitation trusts)

Par (e) – An institution, body, or board contemplated in section 10(1)(cA) of the Act

Par (f) – A fund contemplated in section 10(1)(d)(i) or (ii) of the Act (pension fund, pension preservation fund, provident fund, provident preservation fund, retirement annuity fund, beneficiary fund or benefit fund)

Par (g) – A person contemplated in section 10(1)(t) of the Act (CSIR, SANRAL etc.)

Par (h) – A shareholder in a registered micro business as defined in the Sixth Schedule to the Act to the extent that the aggregate amount of the dividends paid by that registered micro business to its shareholders during the year of assessment in which that dividend is paid does not exceed R200,000

Par (i) – A small business funding entity as contemplated in section 10(1)(cQ)

Par (j) – A person that is not a resident and the dividend is a dividend contemplated in paragraph (b) of the definition of “dividend” in section 64D (i.e. a dividend on a foreign company’s shares listed in SA, such as dual-listed shares)

Par (k) – A portfolio of investment schemes in securities

Par (l) – Any person insofar as the dividend constitutes income of that person (i.e. falls into normal tax system)

Par (m) – Any person to the extent that the dividend was subject to STC

Par (n) – Fidelity and indemnity funds contemplated in section 10(1)(d)(iii)

Par (w) – Real Estate Investment Trust (REIT) or controlled property company (cash) dividends

Par (x) - Other

DECLARATION in terms of sections 64FA(1)(a)(i), 64G(2)(a)(aa) or 64H(2)(a)(aa) of the Act:

I (full names in print please), the undersigned, hereby declare that dividends paid to the beneficial owner is exempt, or would have been exempt had it not been a distribution of an asset in specie, from the dividends tax in terms of the paragraph of section 64F of the Act indicated above.

Signature 1:
(Duly authorised to do so)

Name:

Capacity of Signatory:
(if not the beneficial owner):

Date:

 / /

UNDERTAKING in terms of sections 64FA(1)(a)(ii), 64G(2)(a)(bb) or 64H(2)(a)(bb) of the Act:

I (full names in print please), the undersigned, undertake to forthwith inform the Withholding Agent in writing should the circumstances of the beneficial owner referred to in the declaration above change.

Signature 1:
(Duly authorised to do so)

Name:

Capacity of Signatory:
(if not the beneficial owner):

Date:

 / /