



INDIVIDUAL CLIENT ONGOING DUE DILIGENCE (ODD) FORM

INSTRUCTIONS FOR COMPLETION

- / Before completing this remediation 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: remediation@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.**
- / **Please note:** If no information changed you can state "NO" in the starred field.

KYC DOCUMENTS TO BE SENT WITH THIS APPLICATION FORM:

South African Resident

1. A copy of your green barcoded Identity Document or Identity card (front and back)
2. Proof of residence (not older than 3 months)
3. Proof of banking (not older than 3 months)
4. A completed *DWT form (Onshore account) or a completed *W-8BEN form (Offshore account). If you require an Onshore and Offshore account, please complete both forms.

Non-Resident

1. A *certified copy of your passport
2. A *certified copy of your proof of residence (not older than 3 months)
3. A *certified copy of your proof of banking (not older than 3 months)
4. A completed *DWT form (Onshore account) or a completed *W-8BEN form (Offshore account). If you require an Onshore and Offshore account, please complete both forms.

* The DWT form can be found at the bottom of this application form.

* The W-8BEN form and guidelines can be found at <https://www.irs.gov/forms-pubs/about-form-w-8-ben>

* Certified Copies - certification must be completed by appropriate persons who are approved to certify documents in your country of residence such as attorneys, police services, accountants, notaries, etc.

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: Personal Details Reconfirmation

All items with * must be provided.

NAME AS ON IDENTITY DOCUMENT/PASSPORT

*Title: Mr Mrs Miss Ms Dr Other (Please specify):

*Forenames:
(as on identity document/passport)

*Surname:

*ID/Passport No.: *Town/City of birth:

*Date of birth: / / *Country of birth:

*Nationality *SA Tax No.:

*US Tax Identification No.:
(if applicable) *Other Tax Identification No.:
(if applicable)

*Which countries are you resident in for tax purposes? Please list all: *Do you hold multiple nationalities? If so, please list:

*Are you liable to pay tax in the USA? Yes No

If you have been at your current address for less than 3 years, please also provide your previous address

*Current Residential Address:	*Previous Residential Address:
*Flat No./Building Name: <input type="text"/>	*Flat No./Building Name: <input type="text"/>
*House Name/No. & Street: <input type="text"/>	*House Name/No. & Street: <input type="text"/>
*Town/City: <input type="text"/>	*Town/City: <input type="text"/>
*Province: <input type="text"/>	*Province: <input type="text"/>
*Postal Code: <input type="text"/>	*Postal Code: <input type="text"/>
*Country: <input type="text"/>	*Country: <input type="text"/>

Please list all currencies you have in 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 2: Updated Contact Details

All items with * must be provided.

Please confirm if any contact details have changed since onboarding.

*Cell Number:
(including country)

Secondary Telephone No.:
(including country and area code)

*Email Address:

PART 3: Source of funds and employment details & financial details

All items with * must be provided.

Please re-confirm the following:

*Please indicate all source(s) of your funds for trading:

(select by ticking all that apply)

<input type="checkbox"/> Employment	*Employer Name:	<input type="text"/>
<input type="checkbox"/> Pension(s)	*Nature of Business:	<input type="text"/>
<input type="checkbox"/> Inheritance	*Job Title:	<input type="text"/>
<input type="checkbox"/> Self-employed business		
<input type="checkbox"/> Savings & Investments only		
<input type="checkbox"/> Other, please detail:	*Business Name	<input type="text"/>
<input type="text"/>	*Estimated Annual Turnover:	<input type="text"/>
	*Nature of Business:	<input type="text"/>

PART 4: Financial Details

All items with * must be provided.

Please include the currency of the financial details given below:

*Monthly income after tax:

*Monthly outgoings:
(living expenses, mortgage & other payments)

*Estimated value of all savings & investments:
(i.e. excluding any property ownership value)

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

PART 5: Trading Knowledge & Experience

All items with * must be provided.

*How long have you continuously traded financial products on an execution-only basis?

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

*Do you have an industry recognised qualification for the type of trading that you intend to carry out with us?

Yes
 No

*Do you work, or have you 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 you intend to carry out with us?

 Yes

 No

*Please indicate the number of trades you have undertaken in each of the following products on an execution-only basis during the last 12 months?

APPROXIMATE NON-MARGINED PRODUCTS

Shares:

ETFs & ETCs:

Gilts & Bonds:

MARGINED PRODUCTS

FX Rolling Spot:

Options & Futures:

CFDs:

Financial Spreads Bets:

PART 6: 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.

PLEASE NOTE THAT UPDATED PROOF OF BANKING IS ESSENTIAL TO ENSURE THAT:

- 1 Updated proof of banking also helps to ensure that the person or entity involved is the legitimate holder of the account. It reduces the likelihood of fraud, such as using false or stolen banking details, and helps to prevent financial crimes related to identity theft.
- 2 Financial institutions need to verify the sources and legitimacy of funds being deposited or transferred. Updated proof of banking helps institutions confirm that the customer's account is valid, and it provides evidence of how funds are flowing through that account. This is important for identifying and preventing potentially suspicious or illegal activities.

Full Name:

Name as on Identity Document/Passport

Signature:

*Date

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