



# TRUST 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](http://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](mailto: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.

### 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: Trust Details

All items with \* must be provided.

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

\*Trust Name:  
(as on Trust Deed)

\*Correspondence Address:

\*Postal Code:

\*Legal Entity Identifier Code (LEI):

\*Contact Email Address:

\*Contact Telephone No.:

\*Country of Establishment:

\*Tax Identification No.:

\*Country of Residence for Tax Purposes for the Trust:

\*Indicate the type of Trust:  
(e.g. discretionary / bare / testamentary / charitable)

\*Purpose and objective of the Trust

\*What is the approximate overall value of the Trust's assets?:

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.*

\*Please indicate all sources of funds for the account:

Settled funds

Investment proceeds & income

Other funds, please detail:

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

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

FX Rolling Spot

Options & Futures

CFDs

Financial Spreads Bets

Shares

ETFs & ETCs

Gilts & Bonds

## PART 2: Trustee Details

All items with \* must be provided.

Please provide details of Trustees of the Trust. Complete Part 4 for a Corporate Trustee.

### PART 2: TRUSTEE 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>	
*Current Residential Address:	
*Postal Code:	
*Country:	*Country of birth:
*Occupation	*Nationality:
*ID/Passport No.:	*Date of birth: / /
*Email Address:	*Cell Number:
*SA Tax No.:	*US Tax Identification No. (TIN):
*Tax Identification No.: <small>(any non SA/US)</small>	
*Which countries are you resident in for tax purposes? Please list all:	*Do you hold multiple Nationalities? If so, please list:
<input type="text"/>	<input type="text"/>

### PART 2: TRUSTEE 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>	
*Current Residential Address:	
*Postal Code:	
*Country:	*Country of birth:
*Occupation	*Nationality:
*ID/Passport No.:	*Date of birth: / /
*Email Address:	*Cell Number:
*SA Tax No.:	*US Tax Identification No. (TIN):
*Tax Identification No.: <small>(any non SA/US)</small>	
*Which countries are you resident in for tax purposes? Please list all:	*Do you hold multiple Nationalities? If so, please list:
<input type="text"/>	<input type="text"/>

## PART 2: Trustee Details (continued)

All items with \* must be provided.

### PART 2: TRUSTEE 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. (TIN): <input type="text"/>
*Tax Identification No.: <small>(any non SA/US)</small>	
*Which countries are you resident in for tax purposes? Please list all:	*Do you hold multiple Nationalities? If so, please list:
<input type="text"/>	<input type="text"/>

### PART 2: TRUSTEE 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. (TIN): <input type="text"/>
*Tax Identification No.: <small>(any non SA/US)</small>	
*Which countries are you resident in for tax purposes? Please list all:	*Do you hold multiple Nationalities? If so, please list:
<input type="text"/>	<input type="text"/>

## PART 3: Beneficiary Details

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

All items with \* must be provided.

Please provide details of named beneficiaries of the Trust. Continue on a separate sheet if required.  
Complete Part 4 for a Corporate Beneficiary.

### PART 3: BENEFICIARY 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. (TIN).:	<input type="text"/>		
*Other Tax Identification No.:	<input type="text"/>					
*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 3: BENEFICIARY 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. (TIN).:	<input type="text"/>		
*Other Tax Identification No.:	<input type="text"/>					
*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 3: Beneficiary Details

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

All items with \* must be provided.

### PART 3: BENEFICIARY 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"/>					*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. (TIN):	<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 3: BENEFICIARY 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"/>					*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. (TIN):	<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 4: Corporate Details – if there is a Corporate Trustee/Beneficiary

If there is more than one, please continue on a separate sheet, combine and submit together.

All items with \* must be provided.

\*Full Corporate Name:

\*Corporate Trustee  or Beneficiary?

\*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 5A: Details of Person(s) Authorised to Operate the Account

All items with \* must be provided.

### PART 5A: 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"/>					
	<input type="text"/>					
*Country:	<input type="text"/>			*Postal Code:	<input type="text"/>	
*Occupation	<input type="text"/>			*Country of birth:	<input type="text"/>	
*ID/Passport No.:	<input type="text"/>			*Nationality:	<input type="text"/>	
*Email Address:	<input type="text"/>			*Date of birth:	<input type="text"/>	<input type="text"/>
				*Cell Number:	<input type="text"/>	

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

*Previous Residential Address:	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
*Country:	<input type="text"/>			*Postal Code:	<input type="text"/>	

### PART 5A: 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"/>					
	<input type="text"/>					
*Country:	<input type="text"/>			*Postal Code:	<input type="text"/>	
*Occupation	<input type="text"/>			*Country of birth:	<input type="text"/>	
*ID/Passport No.:	<input type="text"/>			*Nationality:	<input type="text"/>	
*Email Address:	<input type="text"/>			*Date of birth:	<input type="text"/>	<input type="text"/>
				*Cell Number:	<input type="text"/>	

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

*Previous Residential Address:	<input type="text"/>					
	<input type="text"/>					
	<input type="text"/>					
*Country:	<input type="text"/>			*Postal Code:	<input type="text"/>	

## PART 5B: Trading Knowledge & Experience of the Main Person Operating the Account

All items with \* must be provided.

Note: The person listed as "PERSON 1" above shall be considered the main person operating the account.

Name

\*How long has the person 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 have any industry recognised qualifications for the type of trading that your entity intends to carry out with us?

Yes       No

\*Does the person 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 6: 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](http://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 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 3<sup>rd</sup> 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 the trustee/s, jointly and severally, declare that:

- / I/We hereby request and authorise you to open an account for the Trust;
- / I/We have read and understood the nature and the risk of the product(s) that the Trust intends to trade in this account;
- / I/We have obtained from the website [www.dma.co.za](http://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 act on behalf of the Trust in terms of law and act within that authority;
- / 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 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 Trustee, Beneficiary and Authorised Person of the Trust, as may be amended from time to time, consents to the use of their personal information as described on Part 6 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 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: 50px;" type="text"/> / <input style="width: 50px;" type="text"/> / <input style="width: 50px;" type="text"/>		

### Corporate Trustees: (Directors, or other authorised signatories, must sign in terms of their authorised signatory rules)

**Signatory 1:**

Signed by:	Full Name of Director	Signature:	
For & on behalf of:	Name of Company		Director

**Signatory 2:**

Signed by:	Full Name of Director	Signature:	
For & on behalf of:	Name of Company		Director

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 7<sup>th</sup> Ave  
Parktown North  
Johannesburg  
2193  
Telephone number: +27 (0)10 201 6300  
E-mail: applications@dma.co.za

## PART B: Beneficial owner

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

Full names & surname / registered name:

Entity number (if applicable):

Nature of person/entity (select the correct option):

- An individual
- Listed company
- Unlisted Company
- Trust (any type)
- RSA Government, Provincial Administration, Municipalities
- Retirement Fund (Pension, Provident, Benefit, RA etc.)
- Other

If you selected "Other", please provide a description/explanation of nature of the entity/person:

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 (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:

 /  /