



ASSET SWAP TRUST APPLICATION FORM

INSTRUCTIONS FOR COMPLETION

- / This is an application form to open an account with SCM DMA (Pty) Ltd ("DMA") to trade on the DMA trading platform(s) using funds held via asset swap on behalf of the Beneficial Owner within an Asset Swap Nominee ("Nominee Company").
- / In order for DMA to process this application, the Nominee Company must have a current relationship with DMA and have met the appropriate DMA due diligence requirements. For Nominee Companies new to DMA, details of these requirements are available by calling DMA on +27 (0) 10 201 6300 or via email applications@dma.co.za
- / Where the Beneficial Owner has appointed an Investment Advisor or Introducing Broker ("Investment Advisor"), the Nominee Company may grant Power of Attorney to the Investment Advisor alone or to both the Investment Advisor and the Beneficial Owner. If no Investment Advisor has been appointed, the Nominee Company is required to grant Power of Attorney to the Beneficial Owner. In all cases, the Power of Attorney is granted in accordance with the provisions of Part 14 of this form.
- / The Beneficial Owner must complete Parts 1 to 8 of this application form. The Nominee Company should then complete Parts 9 to 13. The Nominee Company (as Principal) and the appointed Attorney(s), including if appropriate the Investment Advisor, should then complete and sign Part 14. If the Beneficial Owner signs as an Attorney then their signature should be witnessed as requested.
- / Before completing this application form, please make sure you have read and understood all information regarding the products and services offered by DMA and all relevant terms including the General Business Terms (including the Products Risk Disclosure), the Addendum to General Business terms for Asset Swaps, the Conflict of Interest Policy, the Order Execution Policy and the Commissions, Charges and Margin Schedule as well as the Privacy Notice. This information is made available, and updated from time to time, on our website www.dma.co.za
- / To comply with money laundering regulations, the Beneficial Owner is required to submit the following documentation along with the completed form. DMA also reserves the right to request further documentation at any time during the approval process.
- / PLEASE COMPLETE THE FORM IN BLOCK LETTERS AND IN BLACK OR BLUE INK.
ALL ITEMS MARKED WITH * **MUST BE COMPLETED.**

BENEFICIAL OWNER: DUE DILIGENCE DOCUMENTATION REQUIREMENTS

Initial list of documents to be provided with this application form:

- / Trust deed;
- / If trustee is a corporate entity, please provide Memorandum & Articles of Association, Certificate of Incorporation and latest Financial Statements unless the trustee is a regulated trust service provider only in which case a list of authorised signatories and the registration no. at the regulator are required;

It may be necessary for us to request further documentation and information in order to complete the due diligence process.

This form must be signed by all trustees.

Once completed and signed, please send the application by regular mail together with the required documentation to: **SCM DMA (Pty) Ltd 48 Seventh Ave, Parktown North, 2193**

For faster processing please return the completed form with the above mentioned documentation directly to DMA by scanning the form together with the documentation and emailing to applications@dma.co.za

If you have any questions related to the completion of this form, please contact us on +27 (0) 10 201 6300

SCM DMA (Pty) Ltd is an authorised Financial Services Provider (FSP No. 40983), a licensed Over-the-Counter Derivatives Provider (ODP No. 45), and offers unit trusts as a juristic representative of Prime Product Services (Pty) Ltd ("Prime"), FSP No. 43521.

+27 10 201 6300 / 48 7th Avenue, Parktown North, Johannesburg, 2193 / www.dma.co.za

PART 1: Trust Details

All items with * must be provided.

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

Parts 1 to 6 of this form are to be completed by the Beneficial Owner (in this instance the Beneficial Owner is a Trust)

*Trust Name:

*Correspondence Address:

*Postal Code:

*Country of Establishment:

*Email Address:

*Contact Telephone No.:

*Please list all trustees of the trust (complete Part 2 for each corporate trustee)

If there is not enough space on this form for all Trustees, please provide information in an additional sheet

Title	Full Name(s) & Surname	Address	Date of Birth	Contact Details

*To comply with FATCA (Foreign Account Tax Compliance Act), DMA is required to obtain the following self-certification.

For more information please visit www.irs.gov

Are any trustees/beneficiaries US citizens? Yes No

Are any trustees/beneficiaries US residents for tax purposes? Yes No

PART 1: Trust Details (Continued)

All items with * must be provided.

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

*Please list all protectors or controllers of the trust (complete Part 2 for each corporate protector or controller trustee)

Title	Full Name(s) & Surname	Address	Date of Birth	Contact Details

*Please list all beneficiaries of the trust (complete Part 2 for each corporate beneficiary)

Title	Full Name(s) & Surname	Address	Date of Birth	% Entitlement to assets of the Trust

*Please list all settlors of the trust (complete Part 2 for each corporate settlor)

Title	Full Name(s) & Surname	Address	Date of Birth	% Entitlement to assets of the Trust

PART 1: Trust Details (Continued)

All items with * must be provided.

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

Additional Information:

Indicate the type of trust
(e.g. discretionary/bare/testamentary):

Purpose and objectives
of the trust:

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

Products	Number of Trades
FX Rolling Spot:	
Options & Futures:	
CFDs:	
Financial Spread Bets:	
Shares:	
ETFs & ETCs:	
Gilts & Bonds:	

*Please indicate all sources of funds for the account:

<input type="checkbox"/> Settled Funds	<input type="checkbox"/> Investment proceeds & income
Others please detail: <input type="text"/>	

PART 2: 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: Website Address:

*Contact Email Address: *Contact Telephone No.:

*Is the company listed on a regulated stock exchange?

No Yes Name of exchange:

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

Title	Full Name	Address	Date of Birth	Holdings %

*Please list all directors of the company (if there is not enough space on this form, please provide information in an additional sheet)

Title	Full Name	Address	Date of Birth

* Is the company a regulated trust service provider or regulated by a financial services regulator, such as the Financial Services Authority, or equivalent?

No Yes Name of exchange:

PART 3: Details of Person(s) authorised to operate the account

All items with * must be provided.

PART 3: PERSON 1

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

*Full Name: (as on identity document/passport) *Occupation:

*Current Residential Address:

 *Postal Code:

*Country: *Nationality:

*Email Address: *Date of Birth:

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

*Previous Residential Address:

 *Postal Code:

*Country:

PART 3: PERSON 2

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

*Full Name: (as on identity document/passport) *Occupation:

*Current Residential Address:

 *Postal Code:

*Country: *Nationality:

*Email Address: *Date of Birth:

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

*Previous Residential Address:

 *Postal Code:

*Country:

PART 3: Details of Person(s) authorised to operate the account continued

All items with * must be provided.

PART 3: PERSON 3

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

*Full Name: (as on identity document/passport) *Occupation:

*Current Residential Address:

 *Postal Code:

*Country: *Nationality:

*Email Address: *Date of Birth:

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

*Previous Residential Address:

 *Postal Code:

*Country:

PART 3: PERSON 4

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

*Full Name: (as on identity document/passport) *Occupation:

*Current Residential Address:

 *Postal Code:

*Country: *Nationality:

*Email Address: *Date of Birth:

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

*Previous Residential Address:

 *Postal Code:

*Country:

PART 4: Trading Knowledge & Experience of the main person operating the account

All items with * must be provided.

*Name:

(Note: Must be a person named in Part 3)

*How long has the person continuously traded financial instrument on an execution only basis whether for the trustor otherwise?

Less than 1 year
 1 to 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 5: Financial Information

Monthly Income after tax:

Monthly outgoings

(Living expenses, mortgage & other payments):

Estimated value of all Savings & Investments

(i.e. excluding any property ownership value):

PART 6: Choice of account currency

All items with * must be provided.

Minimum deposit 100,000 ZAR (or equivalent). *Choice of account/reporting currency:

*If not completed the account currency will default to ZAR.

PART 7: Investment Advisor Details (where Beneficial Owner has appointed such an Advisor)

Name:

Address:

Postal Code:

Telephone: Email address:

Company Registration No.: FSB Reference No.:
or Equivalent:

PART 8: Beneficial Owner Signature & Declarations

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 the Money Laundering Regulations, DMA is required to collect information about you and to undertake checks on your identity and residential address, including accessing and using information held in a database or other electronic format through other agencies. In carrying out electronic verification, other agencies may retain a record of the enquiry and information given to them. DMA may also request further supporting documentation from you to verify these details. Your information may be disclosed to law enforcement agencies and other relevant agencies for crime detection and prevention purposes. DMA will add your personal data and details (including email details) to the database of DMA which includes entities that are outside the EEA. A list of entities within the Group can be found on www.dma.co.za. Furthermore, in order to provide the services to you, DMA may exchange information or share your personal data with the Nominee Company (refer Part 8) and your Investment Advisor (refer Part 3) and any Administrator of the Asset Swap. DMA may occasionally contact you by email, telephone or post to give you information about products and services offered that are similar or related to the product and services provided or previously provided to you.

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.

I declare by my signature that:

- / I have read and understood the nature of the product(s) that I (or my Investment Advisor) intend to trade in this account;
- / I am not aware that I have any health or other conditions that may affect the proper operation of the account;
- / I have provided true, accurate and complete information and undertake to update DMA of any changes to the information provided without delay;
- / I have obtained from the website www.dma.co.za, read, understood and agree to the General Business Terms (including the product risks disclosure detailed in Schedule 1 to these General Business Terms and the Addendum to the General Business Terms for Asset Swap), the Order Execution Policy, the Conflict of Interest Policy and the Commission, Charges and Margin Schedule as well as the Privacy Notice.
- / I consent to the Order Execution Policy and for any orders to be executed outside a regulated market or a multilateral trading facility;
- / I consent to any unexecuted limited orders not to be made public;
- / I accept and agree to be bound by the terms provided above and consent to such terms and information including future updates to these being provided to me by way of posting on the website indicated above;
- / I accept that a contract has been formed between our company, DMA and the Nominee Company;
- / I acknowledge that I recognise and understand the restrictions placed by DMA on the trading of funds in terms of the products that can be traded and the reduced leverage that can apply to these products. These restrictions may be additional to those imposed by the relevant legislation and/or the Nominee Company;
- / I have been adequately informed by the Nominee Company of the legal restrictions which apply to the trading of funds in relation to Asset Swap.
- / I/We warrant that we have full power and authority to sign the application form 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.

Furthermore, I confirm:

- / That the investment amount has been chosen by me taking the company's total financial circumstances into consideration and is considered reasonable by me under such circumstances;
- / That DMA is authorised to act on any instructions it receives from the Nominee Company and Investment Advisor on my behalf;
- / That I acknowledge and accept that my Nominee Company (as specified in Part 8 of this form), as holder of the asset swap (as specified in Part 9 of this form), has granted Power of Attorney in accordance with the provisions of Part 13 of this form;
- / That DMA is entitled to send newsletters or other investment material to me by e-mail, sms or similar electronic messaging services, and that I must inform DMA in writing or otherwise, if I do not wish to receive such material.

Individual Trustees:

		*Date:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
Full Name:	<input type="text"/>	Signature:	<input type="text"/>				
	Name as on Identity Document/Passport		Trustee				
Full Name:	<input type="text"/>	Signature:	<input type="text"/>				
	Name as on Identity Document/Passport		Trustee				
Full Name:	<input type="text"/>	Signature:	<input type="text"/>				
	Name as on Identity Document/Passport		Trustee				
Full Name:	<input type="text"/>	Signature:	<input type="text"/>				
	Name as on Identity Document/Passport		Trustee				

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PART 8: Beneficial Owner Signature & Declarations (Continued)

Corporate Trustees Signature 1:

(In the case of a corporate Trustee, each Director must sign)

Signed by: Name of Director

On behalf of: Name of Company

*Date: / /

Signature:

Director

Corporate Trustees Signature 2:

(In the case of a corporate Trustee, each Director must sign)

Signed by: Name of Director

On behalf of: Name of Company

*Date: / /

Signature:

Director

Corporate Trustees Signature 3:

(In the case of a corporate Trustee, each Director must sign)

Signed by: Name of Director

On behalf of: Name of Company

*Date: / /

Signature:

Director

Corporate Trustees Signature 4:

(In the case of a corporate Trustee, each Director must sign)

Signed by: Name of Director

On behalf of: Name of Company

*Date: / /

Signature:

Director

PART 9: Nominee Company Details

*Parts 9 to 13 of this form are to be completed by the Nominee Company.

Name:			
Address:			
	Postal Code:		
Telephone:	Email address:		
Company Registration No.:			
FSB Reference Number or Equivalent:			

PART 10: Holding Company Details

Name:			
Address: (if different from 8 above)			
	Postal Code:		
Full Account Name:			

PART 11: Nominee Bank Account Details

Bank Name:			
Account Name:			
Sort code:	Account No.:		
Bank Address:			
	Postal Code:		

PART 12: Permitted Investments

All items with * must be provided.

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

Please indicate which of the following investment types the Beneficial Owner (Beneficiary) is permitted to trade under the terms of the Trust Deed:

FX
 CFDs
 Futures
 Shares/ETFs/ETCs/Bonds

PART 13: Nominee Company Signatures

We declare by our signature that:

- / We have obtained from the website www.dma.co.za, read, understood and agree to the General Business Terms (including the product risks disclosure detailed in Schedule 1 to these General Business Terms and the Addendum to the General Business Terms for Asset Swap), the Order Execution Policy, the Conflict of Interest Policy and the Commission, Charges and Margin Schedule, as well as the Privacy Notice.
- / The Asset Swap is properly constituted and validly exists under the laws of its jurisdiction and has the authority to conduct its business and enter into the Terms with DMA;
- / All the authorised signatories of the Nominee Company are over 18 years of age;
- / All the information provided in this application form, and in connection with this application form is true, correct and complete, and should there be any subsequent changes to this information, we will inform DMA immediately in writing;
- / The Nominee Company, as Principal, has granted Power of Attorney in accordance with the Provisions of Part 13 of this form;
- / The Beneficial Owner (Beneficiary) may trade in the investment types indicated in Part 11 and that by so doing, the Beneficial Owner (Beneficiary) will not be in breach of any laws or regulations nor the Asset Swap Legislation;
- / We understand that, in order to comply with anti-money laundering legislation, DMA is required to verify both the address of the Nominee Company and the identities and addresses of the Nominee Company authorised signatories and for this purpose, may use information held in any database or in other electronic format;
- / The Nominee Company has obtained the agreement of each of the authorised signatories to the electronic identity verification searches or to provide the required documentation.

Executed on behalf of its duly authorised representatives :

Signature 1: <input type="text"/> Full Name: <input type="text"/> Title: <input type="text"/> On behalf of: <input type="text"/> *Date: <input type="text"/> / <input type="text"/> / <input type="text"/>	Signature 2: <input type="text"/> Full Name: <input type="text"/> Title: <input type="text"/> On behalf of: <input type="text"/> *Date: <input type="text"/> / <input type="text"/> / <input type="text"/>
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PART 14: Full Power of Attorney

Name: [REDACTED], the **Nominee Company** as identified in Part 7. of this application form, as Nominee of the Asset Swap (hereafter referred to as the "Principal") hereby grants Power of Attorney to (please fill in one or two names hereunder as appropriate) :

1. **Name:** [REDACTED], the **Investment Advisor** as identified in Part 5. of this application form

AND/OR

2. **Name:** [REDACTED], the **Beneficial Owner** as identified in Part 1. of this application form (hereafter individually or jointly referred to as the "Attorney(s)" to perform all transactions and legal acts according to SCM DMA (Pty) Ltd ("DMA") General Business Terms or any other terms which are entered into with DMA and which govern the client relationship as if they were performed by the Principal itself.

The Attorney(s) agrees that if it breaches any terms of DMA's General Business Terms or any other terms entered into with DMA it shall keep DMA indemnified against any loss, damage or expense incurred by DMA as a result of such breach.

Thus, the Principal understands and agrees that:

1. DMA may accept from the Attorney(s), without any inquiry or investigation, any order to transact all instruments available on DMA's online trading systems including financial securities, derivatives, foreign exchange and any other property in the Principal's account(s) on margin or otherwise;
2. DMA shall have no responsibility or liability to the Principal in following instructions from the Attorney(s);
3. DMA is under no duty to supervise or otherwise know or review the trading practices, advice or any other acts carried out by the Attorney(s);
4. DMA is allowed to provide the Attorney(s) with direct access to the account and reveal all information about the account to the Attorney(s) and thus, for instance, send copies of any and all transaction notes, account statements etc. to the Attorney(s) so that the Attorney(s) may satisfy any of its legal and regulatory requirements on record retention;
5. DMA may establish internet trading facilities according to the instructions of the Attorney(s) for purposes of executing trades on behalf of the Principal on any of DMA's online trading systems;
6. This Deed shall be governed by and construed in accordance with the law of England and Wales and all Parties irrevocably agree the courts of England and Wales shall have exclusive jurisdiction to determine any proceedings;
7. This Power of Attorney shall remain effective until revoked in writing by the Principal and correspondingly confirmed in writing by DMA. Any revocation of the authority given to the Attorney(s) shall not affect the validity, ratification and indemnity with respect to any transaction initiated or instruction given by the Attorney(s) prior to confirmation by DMA of such notice. For avoidance of doubt, upon revocation, all rights of the Attorney(s) under this Power of Attorney shall no longer apply.
8. The death, bankruptcy or mental incapacity, or where relevant any insolvency event such as but not limited to the dissolution, winding up or liquidation of either the Principal or the Attorney(s) shall also act to revoke this Power of Attorney. The effective date of revocation under this clause shall be the date upon which DMA receives documentary evidence of any such event and confirms receipt of that evidence.
9. This Deed may be executed in three counterparts, which together will have the same effect as if the Principal and the Attorney(s) have signed the same document. The Principal and/or the Attorney(s) may deliver an executed copy of this Deed to DMA by facsimile transmission or by emailing a scanned copy of the executed Deed to DMA, and such delivery shall have the same force and effect a delivery of an original signed copy of this Deed.

THIS POWER OF ATTORNEY IS EXECUTED AS A DEED AND IS DELIVERED AND TAKES EFFECT ON THE DATE OF THE LAST SIGNATURE BELOW.

PART 14: Full Power of Attorney (continued)

I, the principal, hereby agree to all of the terms set out above and execute and deliver this power of attorney as a deed

Nominee Company:

Authorised Signatory 1:	<input type="text"/>	Authorised Signatory 2:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

I, the attorney, hereby agree to all of the terms set out above and execute and deliver this power of attorney as a deed

Beneficial Owner (if appointed Attorney):

Authorised Signatory 1:	<input type="text"/>	Authorised Signatory 2:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>

Investment Advisor (if appointed Attorney):

Authorised Signatory 1:	<input type="text"/>	Authorised Signatory 2:	<input type="text"/>
Name:	<input type="text"/>	Name:	<input type="text"/>
Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>	Date:	<input type="text"/> / <input type="text"/> / <input type="text"/>