FORM FOR FICA COMPLIANCE - NATURAL PERSONS								
FULL NAME AND SURNAME:								
ARE YOU A SOUTH AFRICAN CITIZEN / PERMANENT RESIDENT?								
ID NUMBER:								
PASSPORT NUMBER (FOREIGNER):								
	-							
INCOME TAX NUMBER:								
VAT NUMBER (If registered for VAT):								
PHYSICAL ADDRESS:								
CONTACT NUMBER CELLPHONE:								
ALTERNATIVE CONTACT NUMBER:								
EMAIL ADDRESS:								
NATURE OF BUSINESS / SOURCE OF INCOME:								
WILL THIS BE SINGLE TRANSACTION OR BUSINESS RELATIONSHIP?								
HOW WILL THE BUSINESS RELATIONSHIP BE FINANCED?								
WILL ANY OF THE PAYMENTS BE MADE IN CASH FOR OVER R 25 000.00?								
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1. Do you now occupy or have you in the past 12 months occupied any of t	the following posit	ions in	any o	her country than South Afr	ica?		Yes	No
If yes, please indicate the position occupied:  Head of State; Member of the Royal Family; Cabinet Member; Senior Member	er of Political Party	; Senio	r Judici	l Officer; Senior of a State-C	Owned Entity; High Rank in the Military.			
2. Do you now occupy or have you in the past 12 months occupied any of t	the following posit	ions in	South	Africa?			Yes	No
If yes, please indicate the position occuppied:								
President or Deputy President of South Africa; Cabinet Minister or Deputy M Leader of a Political Party; Member of a Royal Family; Senior Traditional Lead						cipality;		
Chairperson, CEO, Accounting Authority, CFO or Chief Investment Officer of	a public entity; Jud	ge; Am	bassac	or, High Commissioner or ot	ther Senior Representative of a Foreign Cou	untry		
based in South Africa; Chairperson of board of Directors, Chairperson of Auc business with the Government.	dit Committee, Exe	cutive	Officer	or CFO of a company do mo	re than [insert amount once gazetted]'s wo	orth of		
3. Are you a family member or a close associate of one of the categories of	f people mentione	d abov	e?				Yes	No
If yes, please name such person and indicate their position?								
Please also indicate your source of wealth.								
4. Are you acting on behalf of another person (Principal)?		Yes	No					
If yes, please complete below section and take note we will require FICA doc	uments for both th	ne princ	ipal ar	d representative.				
FULL NAME AND SURNAME:								
ID NUMBER:								
PHYSICAL ADDRESS:								
CONTACT NUMBER:								
EMAIL ADDRESS:	•							
INCOME TAX NUMBER:								
	•							
WHAT IS YOUR AUTHORITY TO ACT ON BEHALF OF PRINCIPAL?								
PLEASE SUPPLY US WITH THE FOLLOWING DOCUMENTS FOR FICA COMPLIA	ANCE:			PLEASE SUPPLY US WITH YO	OUR BANKING DETAILS:			
ID / PASSPORT COPY				BANK NAME:				
REFUGEE PERMITS, WORK PERMITS OR VISAS FOR FOREIGNERS				ACCOUNT NAME:				
PROOF OF RESIDENCE				BRANCH CODE:				
INCOME TAX TAX CLEARANCE / VAT 103				ACCOUNT NUMBER:				
TAX CLEARANCE / VAI 103								
I/We the undersigned, each warrant this to be true and correct and to advise	e you of any change	es in th	e infor	nation submitted.				
SIGNATURE:				DATE:				
				DAIL.				
FULL NAME:								
FOR OFFICE USE ONLY: APPROVED BY:								
FULL NAME OF EMPLOYEE SIGNATURE								
DATE								