

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? _____

1. Do you now occupy or have you in the past 12 months occupied any of the following positions in any other country than South Africa? Yes No

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If yes, please indicate the position occupied: _____

Head of State; Member of the Royal Family; Cabinet Member; Senior Member of Political Party; Senior Judicial Officer; Senior of a State-Owned Entity; High Rank in the Military.

2. Do you now occupy or have you in the past 12 months occupied any of the following positions in South Africa? Yes No

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If yes, please indicate the position occupied: _____

President or Deputy President of South Africa; Cabinet Minister or Deputy Minister; Premier of a Province; MEC of a Province; Mayor of a Municipality; Leader of a Political Party; Member of a Royal Family; Senior Traditional Leader; Head Accounting Officer or CFO of a national or provincial department; Manager or CFO of a municipality; Chairperson, CEO, Accounting Authority, CFO or Chief Investment Officer of a public entity; Judge; Ambassador, High Commissioner or other Senior Representative of a Foreign Country based in South Africa; Chairperson of board of Directors, Chairperson of Audit Committee, Executive Officer or CFO of a company do more than [insert amount once gazetted]'s worth of business with the Government.

3. Are you a family member or a close associate of one of the categories of people mentioned above? Yes No

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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

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If yes, please complete below section and take note we will require FICA documents for both the principal and 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 COMPLIANCE:

ID / PASSPORT COPY	
REFUGEE PERMITS, WORK PERMITS OR VISAS FOR FOREIGNERS	
PROOF OF RESIDENCE	
INCOME TAX	
TAX CLEARANCE / VAT 103	

PLEASE SUPPLY US WITH YOUR BANKING DETAILS:

BANK NAME:
ACCOUNT NAME:
BRANCH CODE:
ACCOUNT NUMBER:

I/We the undersigned, each warrant this to be true and correct and to advise you of any changes in the information submitted.

SIGNATURE: _____ **DATE:** _____

FULL NAME: _____

FOR OFFICE USE ONLY:

APPROVED BY:	
FULL NAME OF EMPLOYEE	
SIGNATURE	
DATE	

FORM FOR FICA COMPLIANCE - COMPANIES & CLOSE CORPORATIONS

COMPANY NAME: _____

TRADING AS: _____

REGISTRATION NUMBER: _____

INCOME TAX NUMBER: _____

VAT NUMBER (If registered for VAT): _____

PHYSICAL ADDRESS: _____

CONTACT NUMBER CELLPHONE: _____

CONTACT NUMBER LANDLINE (ALTERNATIVE CELL): _____

EMAIL ADDRESS: _____

NATURE OF BUSINESS / SOURCE OF INCOME: _____

DIRECTOR/S OR MEMBER/S NAME/S: _____

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? _____

IF LISTED AS PUBLIC COMPANY PLEASE INDICATE STOCK EXCHANGE: _____

BENEFICIAL OWNERS: (Individual who owns a majority (25% or more) of the shares, collectively control the company or names of Executive Managers.) _____

1. Do you now occupy or have you in the past 12 months occupied any of the following positions in any other country than South Africa? Yes No

If yes, please indicate the position occupied: _____

Head of State; Member of the Royal Family; Cabinet Member; Senior Member of Political Party; Senior Judicial Officer; Senior of a State-Owned Entity; High Rank in the Military.

2. Do you now occupy or have you in the past 12 months occupied any of the following positions in South Africa? Yes No

If yes, please indicate the position occupied: _____

President or Deputy President of South Africa; Cabinet Minister or Deputy Minister; Premier of a Province; MEC of a Province; Mayor of a Municipality; Leader of a Political Party; Member of a Royal Family; Senior Traditional Leader; Head Accounting Officer or CFO of a national of provincial department; Manager or CFO of a municipality; Chairperson, CEO, Accounting Authority, CFO or Chief Investment Officer of a public entity; Judge; Ambassador, High Commissioner or other Senior Representative of a Foreign Country based in South Africa; Chairperson of board of Directors, Chairperson of Audit Committee, Executive Officer or CFO of a company do more than [insert amount once gazetted]'s worth of business with the Government.

3. Are you a family member or a close associate of one of the categories of people mentioned above? Yes No

If yes, please name such person and indicate their position? _____

Please also indicate your source of wealth. _____

4. Are you the authorised person acting on behalf of the Company / Close Corporation? Yes No

If yes, please complete below section and take note we will require FICA documents for both the company and the representative.

FULL NAME AND SURNAME: _____

ID NUMBER: _____

PHYSICAL ADDRESS: _____

CONTACT NUMBER: _____

EMAIL ADDRESS: _____

WHAT IS YOUR AUTHORITY TO ACT ON BEHALF OF THE COMPANY? _____

PLEASE SUPPLY US WITH THE FOLLOWING DOCUMENTS FOR FICA COMPLIANCE:

CK1, CK2 OR COR (TO CONFIRM CC OR (PTY) LTD	
ID COPIES FOR ALL THE DIRECTORS / MEMBERS	
PROOF OF RESIDENCE COMPANY	
PROOF OF RESIDENCE DIRECTORS / MEMBERS	
INCOME TAX	
TAX CLEARANCE / VAT 103	
SHARE CERTIFICATE	

PLEASE SUPPLY US WITH YOUR BANKING DETAILS:

BANK NAME: _____

ACCOUNT NAME: _____

BRANCH CODE: _____

ACCOUNT NUMBER: _____

I/We the undersigned, each warrant this to be true and correct and to advise you of any changes in the information submitted.

SIGNATURE: _____ **DATE:** _____

FULL NAME: _____

FOR OFFICE USE ONLY:

APPROVED BY:	
FULL NAME OF EMPLOYEE	
SIGNATURE	
DATE	