



M O N E Y B E T T E R

CORPORATE CLIENT APPLICATION FORM

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) including DMA's Privacy Notice. Once completed, this form and any supporting documents should be sent to DMA at the business address below or alternatively please email a scanned copy to: privatesupport@dma.co.za

PLEASE COMPLETE THE FORM IN BLOCK LETTERS AND IN BLACK OR BLUE INK. ALL ITEMS MARKED WITH * **MUST BE PROVIDED**.

This form must be signed by at least two directors unless the company has a sole director.

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 that 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.

ALL ITEMS WITH * MUST BE PROVIDED.

Part 1 | Corporate Details

*Full Corporate Name:

*Corporate Registration No.:

*Country of Incorporation:

*Registered Office Address:

*Nature of Business:

*Do you operate from any place of business in the US?

No Yes

*Postcode:

*Company Tax No.:

*Country:

Please provide VAT No.: (Mandatory for companies registered in the EU)

Business Address: (*if different from registered address)

Website Address:

*Contact E-mail Address:

*Postcode:

*Contact Telephone No.:

*Country:

*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.

*Is your company regulated by a financial services regulator, such as the Financial Sector Conduct Authority or equivalent?

No Yes

Name of the regulator:

*Is the company listed on a regulated stock exchange?

No Yes

Name of the exchange:

Legal Entity Identifier (LEI) (if applicable)

In accordance with the European Markets infrastructure Regulation (EMIR), all corporate entities operating in the EEA entering into derivative transactions are required to have a valid LEI in order to comply with the reporting obligations.

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

FX Rolling Spot:

Shares:

Options & Futures:

ETFs & ETCs:

CFDs:

Gilts & Bonds:

Financial Spreads Bets:

*Please tick all criteria that apply to your company:

Balance sheet total of at least ZAR 2,000,000 or equivalent

Net turnover of at least ZAR 4,000,000 or equivalent

The size of the financial instrument portfolio (cash deposits and financial instruments) held by the company exceeds ZAR 100,000 or equivalent

*Please indicate all sources of funds for the account:

Share capital

Trading income

Investment proceeds & income

Others, please detail:

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

ALL ITEMS WITH * MUST BE PROVIDED.

Part 2a | Details of Directors

Please provide details of directors of the company. If there are more than four directors please continue on a separate sheet.

Director 1

*Title:	Mr	Mrs	Miss	Ms	Dr	*Date of Birth:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
*Identity or Passport No.:						*Country of Birth:					
*Full Name: (as on identity document / passport)						*Nationality:					
*Occupation:						*Contact No.:					
*Current Residential Address:						*E-mail Address:					
<hr/> <hr/>											
*Postcode:											
*Country:											

Director 2

*Title:	Mr	Mrs	Miss	Ms	Dr	*Date of Birth:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
*Identity or Passport No.:						*Country of Birth:					
*Full Name: (as on identity document / passport)						*Nationality:					
*Occupation:						*Contact No.:					
*Current Residential Address:						*E-mail Address:					
<hr/> <hr/>											
*Postcode:											
*Country:											

Director 3

***Title:** **Mr** **Mrs** **Miss** **Ms** **Dr** ***Date of Birth:** / /

***Identity or Passport No.:** ***Country of Birth:**

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

***Occupation:** ***Contact No.:**

***E-mail Address:**

***Current Residential Address:**

***Postcode:**

***Country:**

Director 4

***Title:** **Mr** **Mrs** **Miss** **Ms** **Dr** ***Date of Birth:** / /

***Identity or Passport No.:** ***Country of Birth:**

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

***Occupation:** ***Contact No.:**

***E-mail Address:**

***Current Residential Address:**

***Postcode:**

***Country:**

ALL ITEMS WITH * MUST BE PROVIDED.

Part 2b | Corporate Details - if there is a Corporate Director

*Full Corporate Name

*Country of Incorporation:

*Nature of Business:

*Registered Office Address:

Website Address:

*Contact E-mail Address:

*Postcode:

*Contact Telephone No.:

*Country:

*Is the company listed on a regulated stock exchange?

No Yes

Business Address: (*if different from registered address)

*Legal Entity Identifier Code (LEI):

*Postcode:

If applicable, please provide US IRS Global Intermediary Identification Number (GIIN):

*Country:

*IF THE COMPANY IS NOT QUOTED ON ANY REGULATED STOCK EXCHANGE, LIST ALL BENEFICIAL OWNERS OR SHAREHOLDERS WITH 20% 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"/>

*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"/>

*Is the company regulated by a financial services regulator, such as the Financial Sector Conduct Authority, or equivalent?

No Yes Name of regulator and license no.:

ALL ITEMS WITH * MUST BE PROVIDED.

Part 3a | Details of Beneficial Owners / Shareholders (not applicable to publicly listed companies if listed on a recognised exchange)

Please provide details of beneficial owners/shareholders of the company's shares over 20%. If there are more than four beneficial owners/shareholders, please continue on a separate sheet, combine and submit together.

Beneficial Owner 1

<p>*Title: Mr Mrs Miss Ms Dr</p> <p>*Identity or Passport No.:</p> <p>*Full Name: (as on identity document / passport)</p> <p>*Occupation:</p> <p>*Current Residential Address:</p> <hr/> <hr/> <p>*Postcode:</p> <p>*Country:</p> <p>*Which countries are you resident in for tax purposes? List all:</p>	<p>*Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>*Country of Birth:</p> <p>*Nationality:</p> <p>*Contact No.:</p> <p>*E-mail Address:</p> <p>*SA Tax No.:</p> <p>*US Tax Identification No.: (if applicable)</p> <p>*Other Tax Identification No.: (if applicable)</p> <p>*Do you hold multiple nationalities? If so, please list: *</p>
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Beneficial Owner 2

<p>*Title: Mr Mrs Miss Ms Dr</p> <p>*Identity or Passport No.:</p> <p>*Full Name: (as on identity document / passport)</p> <p>*Occupation:</p> <p>*Current Residential Address:</p> <hr/> <hr/> <p>*Postcode:</p> <p>*Country:</p> <p>*Which countries are you resident in for tax purposes? List all:</p>	<p>*Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/></p> <p>*Country of Birth:</p> <p>*Nationality:</p> <p>*Contact No.:</p> <p>*E-mail Address:</p> <p>*SA Tax No.:</p> <p>*US Tax Identification No.: (if applicable)</p> <p>*Other Tax Identification No.: (if applicable)</p> <p>*Do you hold multiple Nationalities? If so, please list:</p>
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CORPORATE CLIENT APPLICATION FORM

Beneficial Owner 3

*Title: Mr Mrs Miss Ms Dr	*Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>
*Identity or Passport No.:	*Country of Birth:
*Full Name: (as on identity document / passport)	*Nationality:
*Occupation:	*Contact No.:
*Current Residential Address:	*E-mail Address:
_____	*SA Tax No.:
_____	*US Tax Identification No.: (if applicable)
*Postcode:	*Other Tax Identification No.: (if applicable)
*Country:	*Do you hold multiple Nationalities? If so, please list:
*Which countries are you resident in for tax purposes? List all:	

Beneficial Owner 4

*Title: Mr Mrs Miss Ms Dr	*Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>
*Identity or Passport No.:	*Country of Birth:
*Full Name: (as on identity document / passport)	*Nationality:
*Occupation:	*Contact No.:
*Current Residential Address:	*E-mail Address:
_____	*SA Tax No.:
_____	*US Tax Identification No.: (if applicable)
*Postcode:	*Other Tax Identification No.: (if applicable)
*Country:	*Do you hold multiple Nationalities? If so, please list:
*Which countries are you resident in for tax purposes? List all:	

If Beneficial Owner / Shareholder is a Corporate, please provide Corporate Name:

ALL ITEMS WITH * MUST BE PROVIDED.

Part 3b | Corporate Shareholder

*Full Corporate Name

*Country of Incorporation:

*Nature of Business:

Website Address:

*Registered Office Address:

*Contact E-mail Address:

*Contact Telephone No.:

*Postcode:

*Is the company listed on a regulated stock exchange?

*Country:

No Yes

Business Address: (*if different from registered address)

*Legal Entity Identifier Code (LEI):

If applicable, please provide US IRS Global Intermediary Identification Number (GIIN):

*Postcode:

*Tax Identification No. (TIN):

*Country:

*IF THE COMPANY IS NOT QUOTED ON ANY REGULATED STOCK EXCHANGE, LIST ALL BENEFICIAL OWNERS OR SHAREHOLDERS WITH 20% 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"/>

*PLEASE LIST ALL SHAREHOLDERS 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"/>

*Is the company regulated by a financial services regulator such as the Financial Sector Conduct Authority or equivalent?

No Yes Name of regulator and license no.:

ALL ITEMS WITH * MUST BE PROVIDED.

Part 4 | Details of Person(s) Authorised to Operate the Account

Person 1	*Title: Mr Mrs Miss Ms Dr	*Date of Birth: <input type="text"/> / <input type="text"/> / <input type="text"/>
	*Identity or Passport No.:	*Country of Birth:
	*Full Name: (as on identity document/passport)	*Nationality:
	*Occupation:	*Contact No.:
	*Current Residential Address:	*E-mail Address:

*Postcode:		
*Country:		

Trading Knowledge & Experience

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

Yes
 No

*Does the person authorised to operate the account 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

Person 2

*Title:	Mr	Mrs	Miss	Ms	Dr	*Date of Birth:	<input type="text"/>	/	<input type="text"/>	/	<input type="text"/>
*Identity or Passport No.:						*Country of Birth:					
*Full Name: (as on identity document/passport)						*Nationality:					
*Occupation:						*Contact No.:					
*Current Residential Address:						*E-mail Address:					
<hr/> <hr/>											
*Postcode:											
*Country:											

Trading Knowledge & Experience

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

Yes
 No

*Does the person authorised to operate the account 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 | 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. 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.

ALL ITEMS WITH * MUST BE PROVIDED.

Part 6 | Board Resolution

We certify that at a meeting of the directors of

COMPANY NAME

whose registered office is at

REGISTERED OFFICE ADDRESS

held on / / DD / MM / YY

the following resolutions were passed:

1. That SCM DMA (Pty) Ltd ("DMA") is hereby requested and authorised to open for the company such account(s) as may now or from time to time be considered appropriate for purposes of transacting and subscribing to the services and products of DMA according to the relevant terms and conditions;
2. That the director(s) that sign the application form are hereby authorised to do so 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; and,
3. That the person(s) on Part 4 of this application form, and any additional person(s) so indicated, are hereby authorised to give instructions in relation to the account(s).

ALL ITEMS WITH * MUST BE PROVIDED.

Part 7 | Bank Details

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.

Part 8 | Declaration

I/We, jointly and severally, declare that:

- I/We hereby request and authorise you to open an account for the company;
- I/We have read and understood the nature and the risk of the product(s) that the company intends to trade in this account;
- I/We have obtained from the website (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 open and operate the account in accordance with the above resolutions as well as any other of the company's constitutional documents and without breach of any law, restriction or obligation binding on the company;
- 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 we 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 director, shareholder and other authorised person of the company consent to the use of their personal information as described on Part 5 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 tax authorities in terms of law, who may pass it on to other tax authorities.

*Date: / /

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:

BENEFICIAL OWNER DECLARATION OF STATUS

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:
Address: 48 Seventh Ave, Parktown North, 2193+27
Telephone number: (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:

BENEFICIAL OWNER DECLARATION OF STATUS

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 (i) – a small business funding entity as contemplated in section 10(1)(cQ)	
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	

BENEFICIAL OWNER DECLARATION OF STATUS

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:

Date: / /

(Duly authorised to do so)

Capacity of Signatory (if not the beneficial owner):

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:

Date: / /

(Duly authorised to do so)

Capacity of Signatory (if not the beneficial owner):