



CONFIRMATION OF DETAILS – INDIVIDUALS, MINORS AND ESTATE LATE

A. PERSONAL DETAILS (hereinafter referred to as "the Shareholder")

Shareholder Number: _____ Title: (Mr / Mrs / Ms / Dr / Prof)

Surname: [Grid]

First name(s) in full: [Grid]

Gender: Male Female Other

Race: Black African Coloured Indian Chinese White

Identity number / Passport number: [Grid] Income Tax No if issued: [Grid]

(Enclose a certified copy of your most recently issued Identity document / both sides of the Smartcard ID or valid passport and a document issued by SARS in order to verify your tax number)

Physical address: _____ Postal address: _____

(Enclose a copy of a Service Bill not older than 3 months)

Postal code: [Grid] Postal code: [Grid]

Telephone: Cell [Grid] Telephone: Home [Grid]

e-Mail address: _____

B. BANKING DETAILS

(Enclose a bank statement; alternatively a Bank confirmation letter with e-stamp or a stamped letter from the Bank confirming the bank account details - note that the statement must not be older than 3 months)

Account holder name: [Grid]

Account number: [Grid] Type of account: Current Savings

Bank: [Grid] Branch code: [Grid]

Please note that third party banking details cannot be accepted. The Shareholder authorises Pacific Custodians Nominees and its duly authorised verification agent to verify any personal information as provided above by the Shareholder.

C. COMMUNICATION METHOD

PREFERRED NOTIFICATION METHOD (ONE TIME PIN)

Email SMS Post SMS Email

D. DETAILS OF THE SHAREHOLDER'S REPRESENTATIVE (ONLY IF APPLICABLE)

(If the person is signing this Form in a representative capacity (such as a parent/guardian of a Minor, an executor of a deceased estate, a curator or a liquidator)

Capacity: Birth parent of minor Legal guardian Executor Other (please specify): _____ Title: (Mr / Mrs / Ms / Dr / Prof)

First names in full: _____

Surname: _____

Identity number: [Grid] e-Mail address: _____

Telephone: Cell [Grid] Telephone: Home [Grid] Telephone: Office [Grid]

Residential address: _____ Postal address: _____

_____ Postal code: [Grid] _____ Postal code: [Grid]

A certified copy of the most recently issued Identity Document / both sides of the Smartcard ID or valid passport and a service bill not older than 3 months of the Authorised representative is required.

E. PROMINENT INFLUENTIAL PERSONS

Means an individual who holds, including in an acting position, for a period exceeding six months, or has held at any time in the preceding 12 months, a list of positions included in Schedule 3A of the FIC Amendment Act, 2017.

Are you a Prominent Influential Person or a known associate or family member of a Prominent Influential Person? Yes No

F. SIGNATURE

_____	_____	<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td></tr></table>			<table border="1"><tr><td> </td><td> </td><td> </td><td> </td></tr></table>				
Name	Signature	Day	Month	Year								

IMPORTANT: By signing this Form you confirm that the details contained are true and correct.

Please access www.jseinvestorservices.co.za to obtain the list of supporting FICA documents required to be provided together with this form.

If you do not supply all the documentation requested, your form will be rejected.

Send this form to: csdp@jseinvestorservices.co.za Queries: Telephone: +27 11 713 0800 or International +27 11 053 0100