

1. IMPORTANT INFORMATION

- Please complete all the relevant sections of this form.
- Please submit the completed form to instructions@psg.co.za along with the following documents:
 - Required FICA documents. Please visit www.psg.co.za for the list of FICA requirements.
 - The [CRS and FATCA certification form](#) (if you or any controlling persons associated with the investment have a tax number, tax residency or nationality in a country other than South Africa.)
- If you have any queries, please email clientservice@psg.co.za or contact one of our Client Service Consultants on 0860 774 774.
- Please fax any proof of payment to +27 (11) 996 5499.

2. CLIENT INFORMATION

Title	<input type="text"/>	Initials	<input type="text"/>
Name (individual/entity)	<input type="text"/>		
Surname (individual)	<input type="text"/>		
Occupation (individual)	<input type="text"/>		
Next of kin (individual):	Name	<input type="text"/>	Telephone (H) <input type="text"/>
Do you have another account with us	<input type="checkbox"/> Yes	<input type="checkbox"/> No	Branch <input type="text"/>
Identification type (individual)	<input type="checkbox"/> RSA ID	<input type="checkbox"/> RSA passport	<input type="checkbox"/> Foreign passport
Identity/passport number	<input type="text"/>	Passport expiry date	<input type="text"/>
Place of issue of passport	<input type="text"/>	Occupation	<input type="text"/>
Entity registration number (company/trust/CC/Other)	<input type="text"/>		
Tax registration number	<input type="text"/>		
Physical Address:	Postal Address:		
Line 1	<input type="text"/>	Line 1	<input type="text"/>
Line 2	<input type="text"/>	Line 2	<input type="text"/>
Line 3	<input type="text"/>	Line 3	<input type="text"/>
Suburb	<input type="text"/>	Suburb	<input type="text"/>
City	<input type="text"/>	City	<input type="text"/>
Region	<input type="text"/>	Region	<input type="text"/>
Area Code	<input type="text"/>	Postal Code	<input type="text"/>
Telephone (H)	<input type="text"/>	Telephone (W)	<input type="text"/>
Cell phone	<input type="text"/>	Fax	<input type="text"/>
Email address	<input type="text"/>		
Bank Account Details:			
Bank	<input type="text"/>		
Account name	<input type="text"/>		
Branch code	<input type="text"/>		
Account number	<input type="text"/>		
Account type	<input type="text"/>		

3. RESIDENCY STATUS FOR EXCHANGE CONTROL PURPOSES

 Are you a South African Resident? Yes No

 Are you a foreign national? Yes No

 Are you a South African temporarily living abroad Yes No

 If you answered yes, how many days do you spend outside of South Africa?

 If a trust, is it a South African registered trust? Yes No

 If a company, is it a South African registered company? Yes No

If your residency status is not South African, please specify your country of residence below:

4. REQUIRED PRODUCT INFORMATION

 Do you wish to invest in any other securities Yes No

 If yes, please specify

 Do you have an existing internet username? Yes No

 If yes, please provide your internet username
5. DECLARATION

I/We hereby agree to provide all documentation and information required in terms of the PSG Securities Ltd. business rules. I/We confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.

 Signed at (place) this day of 20

Signature of client