



## 1. Important Information

- 1.1 Hollard Investments is a division of Hollard Life Assurance Company Limited and Hollard Investment Managers.
- 1.2 In accordance with the Tax Administration Act (No. 28 of 2011) (which adopts the Foreign Account Tax Compliance Act (FATCA), and the OECD Common Reporting Standard (CRS) for Automatic Exchange of Financial Information), we are required to collect certain information about investor’s tax matters as prescribed.
- 1.3 Hollard cares about your privacy. In order to provide you with our service, we and our service provider have to process the personal information you provide us with by completing this form. We will treat this information with caution and we have put reasonable security measures in place to protect it.
- 1.4 Please note that in certain circumstances we may be legally obliged to share this information, and other financial information with respect to an investor’s investment, with the South African Revenue Service who may in turn share this information with other relevant tax authorities.
- 1.5 Should there be any uncertainty with regards to how to complete this form we encourage you to seek independent tax advice from a registered tax advisor.
- 1.6 Various terms included in this form have been defined in the CRS and FATCA FAQ Sheet available on the following websites:
  - CRS: [www.oecd.org](http://www.oecd.org)
  - FATCA: [www.irs.gov](http://www.irs.gov)
  - FATCA: <https://www.sars.gov.za/ClientSegments/Businesses/Mod3rdParty/AEOI/Pages/default.aspx>
- 1.7 All documents can be sent via email to [customercare@hollardinvestments.co.za](mailto:customercare@hollardinvestments.co.za) or faxed to +27(0)11 351 3816.

## 2. Identification of Investor

<b>2.1</b>	<b>Entity Details:</b>	
	Registered Name of Entity:	
	Registration Number:	
	Country of incorporation:	
	Incorporation Date:	
	VAT Reg. Number:	
	If existing Investor please provide Investment numbers:	

<b>2.2</b>	<b>Address Details</b>				
	<b>Registered Address:</b>				
	Complex Name:		Unit No:		
	Street/Farm Name:		Street No:		
	Suburb/District:				
	City/Town:		Code:		
	<b>Postal Address:</b>				
	Postal address is as per the residential address? <input type="checkbox"/> Yes <input type="checkbox"/> No If No, please complete a postal address below?				
	Address Type:	<input type="checkbox"/> PO Box	<input type="checkbox"/> Private Bag	<input type="checkbox"/> Postnet Suit	<input type="checkbox"/> Box/Bag/Suite No:
	Post Office Name:			Code:	
<b>2.3</b>	<b>Contact Details:</b>				
	Contact Person				
	Home:		Mobile:		
	Email:				

### 3. Investor Tax Registration Details

<b>3.1</b>	South African Income Tax Number:	
	<b>If you are unable to provide a Tax number, state the reason below:</b>	
<b>3.2</b>	Is the entity incorporated or organised or has a place of effective management outside South Africa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3.3</b>	Does the entity have any tax obligations, tax liabilities or tax residence outside of South Africa? <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>3.4</b>	Do any of the controlling persons of the entity: <ul style="list-style-type: none"> <li>a) Have tax obligations, tax liabilities or tax residence outside of South Africa*, or</li> <li>b) Hold citizenships or nationalities outside of SA (including US citizenship), or are they a US person or a US national*?</li> </ul> <input type="checkbox"/> Yes <input type="checkbox"/> No	
<b>*Note: Please complete a CRS and FATCA Self-certification Form for Natural Persons for every controlling person to whom this applies.</b>		
<b>3.5</b>	<b>Important notes on completing the rest of this form:</b> <ul style="list-style-type: none"> <li>• If “No” is selected for all of the above questions, proceed to <b>Section 9</b> of the document.</li> <li>• If “Yes” is selected for any of <b>3.2 to 3.4</b> above, complete <b>Sections 4 and 5</b>.</li> </ul>	

	<ul style="list-style-type: none"> <li>In addition, if the entity is a Financial Institution (e.g. a custodial institution, a depository institution, an investment entity or a specified insurance company), complete <b>Sections 6 to 9</b>. Do not complete <b>Section 7</b>.</li> <li>However, if the entity is not a Financial Institution, complete <b>Sections 7 to 9</b>. Do not complete <b>Section 6</b>.</li> </ul>
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## 4. United States Tax Residency

<b>4.1</b>	Is the entity incorporated in, or organised in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.2</b>	Is the entity a trust over which the United States would have jurisdiction, or a trust where one or more US person(s) would have authority to control decisions of the Trust? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.3</b>	Does the entity have any tax obligations in the United States? <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>4.4</b>	If you answered “Yes” to any of the questions in Section 4, please complete an <b>IRS W-9 form</b> for the entity.

## 5. Entity Tax Residency

<b>5.1</b>	This section must be completed to indicate all countries where the entity is a tax resident and/or has tax obligations.		
<b>5.2</b>	<b>Country of Tax Residency</b>	<b>Tax Identification Number</b>	<b>If you are unable to provide a Tax No, please select one of the reasons below*</b>
<p><b>* Guide to reasons for not being able to obtain a Tax No.:</b></p> <ul style="list-style-type: none"> <li><b>Reason A:</b> The country/jurisdiction where the investor is resident does not issue a Tax No. to its residents.</li> <li><b>Reason B:</b> Investor is unable to obtain a Tax No. or equivalent number. Explanation must be provided.</li> <li><b>Reason C:</b> No Tax No. required (only select this reason if the domestic law of the relevant jurisdiction does not require the collection of the Tax No. issued by such jurisdiction).</li> </ul>			
<b>5.3</b>	<b>If you selected Reason B above, please explain in the boxes below why you are unable to obtain a Tax No.</b>		
	<b>Country of tax residence/Country that issued Tax No.</b>	<b>Explanation of why you are unable to obtain Tax No.</b>	

## 6. Financial Institution Entity Type

<b>This section only applies to entities that are financial institutions. Please indicate in the boxes below whether the account holder is:</b>	
<b>6.1</b>	An investment entity managed by another financial institution <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>“Yes”</b> is selected, <b>Section 8</b> must be completed.
<b>6.2</b>	Any other financial entity <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6.3</b>	A depository institution, custodial institution or specified insurance company <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>6.4</b>	If <b>“Yes”</b> is selected to any of the above questions, please provide the entity’s GIIN (Global Intermediary Identification Number)
<b>6.5</b>	If the GIIN number provided belongs to a sponsoring entity, please provide the name of the sponsoring entity:  
<b>6.6</b>	A financial institution that meets the definitions of Non-Participating Foreign Financial institution (NPFFI) <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>“Yes”</b> is selected please complete the W-8BEN-E form.

## 7. Non-Financial Entity Classification

<b>This section only applies to entities that are not financial institutions. Please indicate in the boxes below whether the account holder is:</b>	
<b>7.1</b>	An Active Non-Financial Entity (NFE). An entity whose shares are regularly traded on an established stock exchange or and entity that is related to another entity whose shares are regularly traded on an exchange. <input type="checkbox"/> Yes <input type="checkbox"/> No If <b>“Yes”</b> is selected, please indicate which Stock Exchange:  
<b>7.2</b>	An active NFE: a governmental entity <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7.3</b>	An active NFE: a central bank <input type="checkbox"/> Yes <input type="checkbox"/> No
<b>7.4</b>	An active NFE: International organisation (e.g. United Nations, World Health Organisation). <input type="checkbox"/> Yes <input type="checkbox"/> No

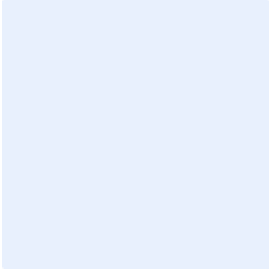
<b>7.5</b>	<p>An active NFE: Non-profit Entity that is registered as a PBO with the South African Revenue Service (SRAS)</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If “Yes” is selected please provide the <b>PBO number issued by SARS</b></p>
<b>7.6</b>	<p>An active NFE: An entity for which less than 50% of the gross income is passive income, and less than 50% of the assets held are assets that produce, or are held for the production of passive income.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<b>7.7</b>	<p>Other active NFE: An entity not qualifying as one of the above.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p>
<b>7.8</b>	<p>A passive NFE. An entity not qualifying under any of the above criteria.</p> <p><input type="checkbox"/> Yes   <input type="checkbox"/> No</p> <p>If “Yes” is selected, it is mandatory to complete <b>Section 8</b>.</p>

## 8. Controlling Person Identification\*

This section only applies to Managed Investment Entities and Passive NFEs. Please provide details below:			
First name(s)	Surname	Identification Number	Email Address
*Please complete a CRS and FATCA Self-certification Form for Natural Persons for every controlling person listed in the table above.			

## 9. Investor Declaration

<b>I, the undersigned:</b>	
<b>9.1</b>	Am authorised to sign this document on behalf of the entity and declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete.
<b>9.2</b>	Undertake to immediately advise of any change in circumstances which affects the tax residency status of the individual identified in Section 2 and 3 of this form or causes the information contained herein to become incorrect or incomplete, and to provide a suitably updated self-certification and declaration within 90 days of such change in circumstances.
<b>9.3</b>	Undertake to immediately advise of any change in personal details (e.g. current physical address, postal address etc.)

9.4	Acknowledge that the information contained in this form and the information regarding the investor and any reportable investments may be provided to the South African Revenue Service (SARS), and exchanged with tax authorities of other country(s)/ jurisdiction(s) in which the investor may be tax resident in accordance with intergovernmental agreements to exchange financial account information.					
9.5	<b>Signature of Authorised Person:</b>					
	Signed at		on this		day of	
	(Place)		(Day)		(Month & Year)	
Authorised Person Signature:						
Official Capacity:						