

# Hollard Discretionary Savings Products

## Dividend Tax Exemption Application Form



### 1. Important Information

- 1.1 This instruction form is applicable to the following products:**
- a) Hollard Investment Plan
  - b) Hollard Savings Plan
- 1.2** Hollard Investments is a division of Hollard Life Assurance Company Limited and Hollard Investment Managers.
- 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** Premier Product Solutions (Pty) Ltd ('The Administrator') is the administrator of this investment.
- 1.5** Protected Nominees (Pty) Ltd is an independent company approved by the Financial Services Conduct Authority that holds assets for the investor's exclusive benefit.
- 1.6** 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 section 64FA(2) or 64H(2)(a) of the Income Tax Act, 1962 (Act No 58 of 1962) (The Act) to apply.
- 1.7** 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 twenty percent (20%) Dividends Tax being withheld / payable.
- 1.8** 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.
- 1.9** Any instructions received on a public holiday or over a weekend will be processed on the next available working day.
- 1.10** The daily cut-off for receipt of instructions is **14H00**.
- 1.11** **Please note:** Hollard Investments will only accept an instruction that has been signed by the investor/authorised person using either a physical "wet" signature or an electronic signature (that has an associated signing audit trail).

### 2. Withholding Agent



<b>2.1</b>	Registered Name:	Premier Product Solutions (Pty) Ltd
	Nature of Entity:	<b>Regulated Intermediary</b>

### 3. Beneficial Owner Details



To be completed by the person entitled to the benefit of the dividends attached to a share(s)/units.	
If you are an existing Investor, please provide your investment number:	

<b>3.1</b>	<b>Natural Person as Beneficial Owner (Please attach supporting documents from SARS which allows for the exemption)</b>			
	Title:	First Name:		
	Surname:			
	ID/Passport Number:	Date of Birth:		

<b>Residential/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>Contact Details:</b>			
Home:		Mobile:	
Email:			

<b>Tax and Residency Details:</b>	
Country of Residence:	
Income Tax Number:	

<b>3.2</b>	<b>Registered Entity as Beneficial Owner</b>		
	Registered Entity Name:		
	Registration Number:	VAT Reg. No:	

<b>Type of Entity:</b>	
<input type="checkbox"/> Sole Proprietor	<input type="checkbox"/> Trust
<input type="checkbox"/> Partnership	<input type="checkbox"/> Close Corporation
<input type="checkbox"/> Listed Company	<input type="checkbox"/> Unlisted Company
<input type="checkbox"/> South African Registered Company	<input type="checkbox"/> Foreign Registered Company
<input type="checkbox"/> Retirement Fund (Pension, Provident, Benefit, RA etc.)	<input type="checkbox"/> RSA Government (Provincial Administration/Municipalities)

Premier Product Solutions (Pty) Ltd (Reg. No.2021/848795/07) is an authorised Financial Services Provider, FSP No. 52376. Suite 206, Strauss Daly Building, 41 Richfond Circle, Ridgeside Office Park, Umhlanga, Kwazulu Natal Tel: +27 (0)12 945 9002 Email: [info@premierfin.co.za](mailto:info@premierfin.co.za).

Hollard Life Assurance Company Limited (Reg. No.1993/001405/06) a licensed life insurer FSP No.17697, and Hollard Investment Managers (Pty) Ltd (Reg. No.1997/001696/07), FSP No.32521 are authorised Financial Services Providers. 22 Oxford Road, Parktown, Johannesburg, 2193, Tel: 0860 202 202, Fax: +27 (0)11 351 3816, Email: [customer@hollardinvestments.co.za](mailto:customer@hollardinvestments.co.za)

<input type="checkbox"/> Other (if selected, please provide a detailed description of the nature of the entity named as the beneficial owner)

<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>Contact Details:</b>			
Tel:		Mobile:	
Email:			

## 4. Exemption from Dividend Tax

Please indicate the reason why the beneficial owner is exempt from the dividends tax by ticking the appropriate block.

<b>4.1</b>	<input type="checkbox"/> Par (a)	A company that is resident in South Africa.
	<input type="checkbox"/> Par (b)	The government, provincial government or municipality of the Republic of South Africa.
	<input type="checkbox"/> Par (c)	A public benefit organisation, approved by SARS ito Section 30(3) of the Act.
	<input type="checkbox"/> Par (d)	A trust contemplated in Section 37A of the Act (mining rehabilitation trusts).
	<input type="checkbox"/> Par (e)	An institution, body or board contemplated in Section 10(1)(cA) of the Act.
	<input type="checkbox"/> Par (f)	A fund contemplated in Section 10(1)(d)(i) or (ii) of the Act (pension fund, preservation fund, provident fund, provident preservation fund, retirement annuity fund, beneficiary fund or benefit fund).
	<input type="checkbox"/> Par (g)	A person contemplated in Section 10(1)(t) of the Act (CSIR, SANRAL etc.).
	<input type="checkbox"/> 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 dividend paid by that registered micro business to its shareholders during the year of assessment in which that divided is paid does not exceed R200, 000.
	<input type="checkbox"/> Par (j)	A person that is not a resident and the divided is a divided contemplated in paragraph (b) of the definition of "dividend" in Section 64D (i.e. a divided on a foreign company's shares listed in SA, such as dual-listed shares.

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<input type="checkbox"/> Par (y)	Double taxation agreement.
<input type="checkbox"/> Par (z)	Other international agreement.

## 5. Declaration

**In Terms of Sections 64fA(1)(A)(l), 64G(2)(A)(Aa) Or 64H(2)(A)(Aa) of The Act:**

I,  the undersigned hereby declare that dividends paid to the Beneficial Owner are 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.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_  
(Place) (Day) (Month & Year)

<p>Duly Authorised Signature:</p> <div style="border: 1px solid lightblue; width: 150px; height: 100px; margin: 10px auto;"></div>	<p>Duly Authorised Signature:</p> <div style="border: 1px solid lightblue; width: 150px; height: 100px; margin: 10px auto;"></div>
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<p>Official Capacity if not beneficial owner:</p> <p>_____</p>	<p>Official Capacity if not beneficial owner:</p> <p>_____</p>
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I,  the undersigned undertake to forthwith inform the Withholding Agent in writing should the circumstance of the beneficial owner referred to above, change.

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_  
(Place) (Day) (Month & Year)

<p>Duly Authorised Signature:</p> <div style="border: 1px solid lightblue; width: 150px; height: 100px; margin: 10px auto;"></div>	<p>Duly Authorised Signature:</p> <div style="border: 1px solid lightblue; width: 150px; height: 100px; margin: 10px auto;"></div>
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<p>Official Capacity if not beneficial owner:</p> <p>_____</p>	<p>Official Capacity if not beneficial owner:</p> <p>_____</p>
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## 6. Reduced Dividend Tax Rate

Please provide the following details for all shares held respect of which a reduced rate of tax is applicable.

Registered Company Name	Reasons why the Beneficial Owner meets the requirements of DTA

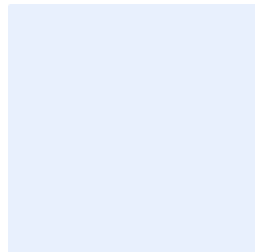
## 7. Declaration

In Terms of Sections 64FA(2)(a), 64G(3)(i) Or 64H(2)(i) of The Act:

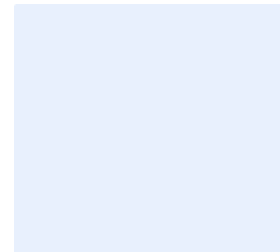
I,  the undersigned hereby declare that all the relevant requirements in terms of Article  (Article Number) of the agreement of the Avoidance of Double Taxation and Prevention of Fiscal Evasion (DTA) in force on the relevant date between the Republic of South Africa and the country of residence of the beneficial owner specified above, as well as sections 65FA, 64G or 64H (whichever is applicable) have been met and that the dividends paid on the shares specified above are therefore subject to a reduced rate of  %

Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_  
 (Place) (Day) (Month & Year)

Duly Authorised  
Signature:



Duly Authorised  
Signature:



Official Capacity if  
not beneficial  
owner:

\_\_\_\_\_

Official Capacity if  
not beneficial  
owner:

\_\_\_\_\_

## 8. Undertaking

In Terms of Sections 64FA(3)(b), 64G(3)(ii) Or 64H(3)(ii) of The Act:

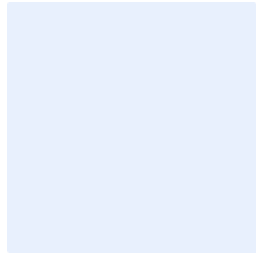
I,  the undersigned undertake to forthwith inform the Withholding agent in writing should the circumstances of the beneficial owner referred to above, change.

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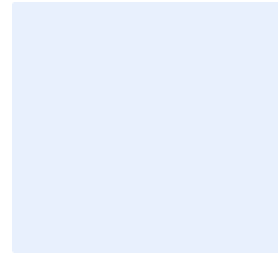
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Signed at \_\_\_\_\_ on this \_\_\_\_\_ day of \_\_\_\_\_  
(Place) (Day) (Month & Year)

Duly Authorised  
Signature:



Duly Authorised  
Signature:



Official Capacity if  
not beneficial  
owner:

\_\_\_\_\_

Official Capacity if  
not beneficial  
owner:

\_\_\_\_\_

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