



## **APPLICATION FORM: CORPORATE INVESTOR**

### **FORMS**

Please send the completed form, annexures and supporting documents to [forms@rezco.co.za](mailto:forms@rezco.co.za)

### **ENQUIRIES**

For enquiries, please contact us at:

Email: [info@rezco.co.za](mailto:info@rezco.co.za)

Tel: 041 581 1525

### **IMPORTANT INFORMATION**

- The full application comprises of this Application Form (with relevant **Annexures**) and the **Fund Annexure** (provided separately) for the relevant Rezco fund(s) in which you want to purchase a participatory interest.
- The **Investment Terms and Conditions** form part of this Application Form and can be accessed at the following link: <https://www.rezco.com/legal>

### **INVESTOR DETAILS**

|                                                                                                                                                                                                                           |  |             |  |
|---------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|-------------|--|
| <b>General Details</b>                                                                                                                                                                                                    |  |             |  |
| Registered Name                                                                                                                                                                                                           |  |             |  |
| Trading Name (if different)                                                                                                                                                                                               |  |             |  |
| Registration Number                                                                                                                                                                                                       |  |             |  |
| Type of corporate / company                                                                                                                                                                                               |  |             |  |
| Nature of the corporate's business                                                                                                                                                                                        |  |             |  |
| Registered Address                                                                                                                                                                                                        |  | Postal Code |  |
| Business Address (if different to Registered Address)                                                                                                                                                                     |  | Postal Code |  |
| Contact Number 1                                                                                                                                                                                                          |  |             |  |
| Contact Number 2                                                                                                                                                                                                          |  |             |  |
| Email Address 1                                                                                                                                                                                                           |  |             |  |
| Email Address 2                                                                                                                                                                                                           |  |             |  |
| <b>Required verification documents</b>                                                                                                                                                                                    |  |             |  |
| <ul style="list-style-type: none"><li>• Copy of articles of incorporation or equivalent constitutive documentation;</li><li>• Copy of the certificate of incorporation, including any name change certificates;</li></ul> |  |             |  |

Rezco Collective Investments Ltd (RCI), with registration number 2004/012079/06, is an authorised Manager in terms of the Collective Investment Schemes Control Act 45 of 2002.

- Extract of the latest annual audited report or financial statements describing the nature and purpose of the business of the entity;
- Proof of address not older than 3 months;
- Most recent CIPC Disclosure Certificate / CoR39 / register of directors signed and dated by the Company Secretary, together with a copy of Identity Documents and proof of residence not older than 3 months for each director;
- Signed and dated register of shareholders setting out the details (ID number, address) and shareholding of shareholders. In case several ownership layers are involved, a duly dated and signed structure chart is required to ensure assessment of final beneficial owner through the ownership chain. The structure chart needs to indicate full legal names of the entities, with registration numbers, the current directors and the percentage of shareholding.

#### Tax status

|                                                                                                |                                                             |                             |  |
|------------------------------------------------------------------------------------------------|-------------------------------------------------------------|-----------------------------|--|
| Country where the corporate is registered for tax                                              |                                                             |                             |  |
| Tax reference number                                                                           |                                                             |                             |  |
| FATCA status (confirmation)                                                                    | The corporate is not a Specified US person for tax purposes | <input type="checkbox"/>    |  |
|                                                                                                | The corporate is a Specified US person for tax purposes     | <input type="checkbox"/>    |  |
| Is the corporate registered for tax in any country other than the primary country of business? | YES <input type="checkbox"/>                                | NO <input type="checkbox"/> |  |

If "YES", please specify and provide the relevant tax reference number

|          |         |
|----------|---------|
| Country: | Tax No: |
| Country: | Tax No: |

#### Authorised Signatories

RCI must determine and verify the identity of all persons authorised to issue transaction instructions on behalf of the corporate investor in respect of the investment. i.e. issuing a disinvestment instruction etc. A completed **Annexure A: Authorised Signatory** completed for each person authorised to issue transaction instructions on behalf of the corporate investor.

#### Beneficial Owners / Controlling Person

When establishing a business relationship with a corporate investor RCI must establish the identity of beneficial owners of the corporate investor. If there is doubt as to whether there is any natural person that is a beneficial owner or person with controlling ownership interest in the corporate investor, then RCI must identify the natural person(s) who exercise control over the management of the corporate investor, i.e. chief executive officer, executive etc. A completed **Annexure B: Beneficial Owner**, each identifiable beneficial owner or the controlling person.

#### BANK DETAILS (REDEMPTIONS)

RCI will only make payments into the account of the investor. No payments to third parties, nor into credit cards, money market, bond or policy accounts.

|                 |  |
|-----------------|--|
| Bank Name       |  |
| Account Name    |  |
| Account Number  |  |
| Type of Account |  |
| Branch Code     |  |

Please supply us with **proof of banking details** not older than three months for this account.

Banking details into which your investment sum must be paid via electronic fund transfer (EFT) will be provided once all the required FICA documentation has been received.

#### DECLARATION

- I/We have read through and understand the content of this Application Form together with complementing **Annexures** and the **Investment Terms and Conditions**, and agree to be bound thereby, and agree to be bound thereby.
- I/We confirm that the information provided in this Application Form and complementing **Annexures** is true and correct.
- I/We would like to receive notifications regarding my/our investment via SMS. ☐ Yes ☐ No

|                                                  |            |
|--------------------------------------------------|------------|
| <b>INVESTOR</b> <i>(or Authorised Signatory)</i> | Name:      |
|                                                  | Signature: |
| <b>CO-SIGNATORY</b> <i>(if applicable)</i>       | Name:      |
|                                                  | Signature: |
| <b>DATE</b>                                      |            |

## ANNEXURE A: AUTHORISED SIGNATORY

|                                                                                                                                                                                                            |  |         |             |                          |    |                          |
|------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|--|---------|-------------|--------------------------|----|--------------------------|
| General Details                                                                                                                                                                                            |  |         |             |                          |    |                          |
| Title                                                                                                                                                                                                      |  | Surname |             |                          |    |                          |
| First Name(s)                                                                                                                                                                                              |  |         |             |                          |    |                          |
| Date of Birth                                                                                                                                                                                              |  |         |             |                          |    |                          |
| Identity or Passport Number                                                                                                                                                                                |  |         |             |                          |    |                          |
| Residential Address                                                                                                                                                                                        |  |         | Postal Code |                          |    |                          |
| Contact Number                                                                                                                                                                                             |  |         |             |                          |    |                          |
| Email Address                                                                                                                                                                                              |  |         |             |                          |    |                          |
| Signature Sample                                                                                                                                                                                           |  |         |             |                          |    |                          |
| Politically exposed person (PEP)                                                                                                                                                                           |  |         |             |                          |    |                          |
| Is the Authorised Signatory a PEP?                                                                                                                                                                         |  |         | Yes         | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If "YES", please specify:                                                                                                                                                                                  |  |         |             |                          |    |                          |
| Is the Authorised Signatory associated with a PEP?                                                                                                                                                         |  |         | Yes         | <input type="checkbox"/> | No | <input type="checkbox"/> |
| If "YES", please specify:                                                                                                                                                                                  |  |         |             |                          |    |                          |
| Required verification documents                                                                                                                                                                            |  |         |             |                          |    |                          |
| <ul style="list-style-type: none"><li>• copy of Authorised Signatory's Identity Document/Passport;</li><li>• proof of residence in the name of the Authorised Signatory not older than 3 months;</li></ul> |  |         |             |                          |    |                          |

## ANNEXURE B: BENEFICIAL OWNER

|                                                                                                                                                                                                    |                                  |                          |                              |                                                          |
|----------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------|--------------------------|------------------------------|----------------------------------------------------------|
| Identification                                                                                                                                                                                     |                                  |                          |                              |                                                          |
| Ultimate beneficial owner (direct / indirect controlling shareholding)                                                                                                                             |                                  |                          |                              | <input type="checkbox"/>                                 |
| Person exercising controlling interest in the corporate investor                                                                                                                                   |                                  |                          |                              | <input type="checkbox"/>                                 |
| Person exercising control over management control of the corporate investor                                                                                                                        |                                  |                          |                              | <input type="checkbox"/>                                 |
| General Details                                                                                                                                                                                    |                                  |                          |                              |                                                          |
| Title                                                                                                                                                                                              |                                  | Surname                  |                              |                                                          |
| First Name(s)                                                                                                                                                                                      |                                  |                          |                              |                                                          |
| Date of Birth                                                                                                                                                                                      |                                  |                          |                              |                                                          |
| Identity or Passport Number                                                                                                                                                                        |                                  |                          |                              |                                                          |
| Residential Address                                                                                                                                                                                |                                  |                          |                              |                                                          |
|                                                                                                                                                                                                    |                                  |                          | Postal Code                  |                                                          |
| Tax Status                                                                                                                                                                                         |                                  |                          |                              |                                                          |
| Country of residence for tax purposes                                                                                                                                                              |                                  |                          |                              |                                                          |
| Tax reference number                                                                                                                                                                               |                                  |                          |                              |                                                          |
| Is the beneficial owner a taxpayer of any country other than the primary country of residence?                                                                                                     |                                  |                          |                              | YES <input type="checkbox"/> NO <input type="checkbox"/> |
| If "YES", please specify and provide the relevant tax reference number                                                                                                                             |                                  |                          |                              |                                                          |
| Country:                                                                                                                                                                                           |                                  | Tax No:                  |                              |                                                          |
| Country:                                                                                                                                                                                           |                                  | Tax No:                  |                              |                                                          |
| FATCA status (confirmation):                                                                                                                                                                       | not a US person for tax purposes | <input type="checkbox"/> | a US person for tax purposes | <input type="checkbox"/>                                 |
| Required verification documents                                                                                                                                                                    |                                  |                          |                              |                                                          |
| <ul style="list-style-type: none"><li>• copy of beneficial owner's Identity Document/Passport;</li><li>• proof of residence in the name of the beneficial owner not older than 3 months;</li></ul> |                                  |                          |                              |                                                          |
| Politically exposed person (PEP)                                                                                                                                                                   |                                  |                          |                              |                                                          |
| Is the beneficial owner, by nature of his/her occupation or otherwise, a PEP?                                                                                                                      |                                  |                          |                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "YES", please specify:                                                                                                                                                                          |                                  |                          |                              |                                                          |
| Is the beneficial owner associated with a PEP?                                                                                                                                                     |                                  |                          |                              | Yes <input type="checkbox"/> No <input type="checkbox"/> |
| If "YES", please specify:                                                                                                                                                                          |                                  |                          |                              |                                                          |