REZCO

APPLICATION FORM: TRUST INVESTOR

FORMS Please send the completed form, annexures and supporting documents to forms@rezco.co.za

ENQUIRIES For enquiries, please contact us at: Email: 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: <u>https://www.rezco.com/legal</u>.

INVESTOR DETAILS

General Details			
Trust Name			
Registration Number			
Type of Trust			
Purpose of Trust			
Registered Address			
		Postal Code	
Contact Number 1			
Contact Number 2			
Email Address 1			
Email Address 2			
Required verification document	íS		
Required information/document Copy of the Trust Deed.	ts:		

- Copy of the Letter of Authority / Endorsement confirming the current Trustees' appointment.
- Proof of address in the name of the Trust not older than 3 months.

Tax status				
Country where the corporate is registered for tax				
Tax reference number				
FATCA status (confirmation)	The trust is not a Specified US person for tax purposes			
	The trust is a Specified US person for tax purposes			
Beneficial Owners (Founder, Trustees, Beneficiaries) of the Trust				
A completed Annexure B: Beneficial Owner for each beneficial owner of the Trust				

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.

	Name:
AUTHORISED SIGNATORY	Signature:
	Name:
CO-SIGNATORY (if applicable)	Signature:
DATE	

ANNEXURE A: BENEFICIAL OWNER

Identification								
Founder								
Trustee								
Beneficiary								
General Details							·	
Title	Surname							
First Name(s)								
Date of Birth								
Identity or Passport Number								
Residential Address				Pos	tal Code			
Tax Status								
Country of residence for tax purposes								
Tax reference number								
Is the beneficial owner a tax payer of any country other than the primary country of YES NO								
If "YES", please specify and prov	ride the relevant tax re	eference number	r					
Country:		Tax No:						
Country:		Tax No:						
FATCA status (confirmation):	not a US person for	tax purposes		a US pers	son for tax	k purpo	ses	
Required verification documents								
 copy of beneficial owner's Identity Document/Passport; proof of residence in the name of the beneficial owner not older than 3 months; 								
Politically exposed person (PEP)								
Is the beneficial owner, by nature of his/her occupation or otherwise, a PEP? Yes No								
If "YES", please specify:								
Is the beneficial owner associate				Ye	s	No		
If "YES", please specify:								