

Please complete in BLOCK CAPITALS and black ink and return to us by post (not email). If you need help to complete this form, please call us on 0800 289 936 (Freephone UK only) or +44 (0) 1624 645000.

Please note: The minimum balance to be maintained in cash and/or investments is £50,000/US\$75,000/€	75,000, of which at least £5,000 (or currency equivalent) must be in cash.
1. ACCOUNT LOCATION	Correspondence address (if different)
Isle of Man Jersey London	
London London	Postcode
2. ABOUT THE COMPANY ("THE ACCOUNTHOLDER")	Contact name
Full name of entity	Title (eg Mr/Mrs/Miss/Ms/Other)
	Capacity
Details of any trading names	Business telephone number +
Nature of company's business	Fax number +
	Email address
Principal place of business/operations (if different from registered office)	Website
Comment and the second	Details of any existing relationships with Nedbank Private Wealth
Geographical area of business	
If the company is tax resident in the US, you will need to complete a US Form W-9. The US Form W-9 can be obtained from us on request, or a copy can be downloaded from the IRS website (www.irs.gov) under the	
Forms and Publications section.	
Date of incorporation	3. DETAILS OF CORPORATE DIRECTORS AND CORPORATE SHAREHOLDERS INCLUDING ANY NOMINEE COMPANIES (IF APPLICABLE)
Country of incorporation	- SHAKEHOLDERS INCLUDING ANT NOPHINEL COMPANIES (II AFFEICABLE)
Company registration number	Corporate Director Corporate Shareholder Nominee Company
VAT registered number	Company name
Name of regulator (if applicable)	Date of incorporation
Registered office address	Country of incorporation
	Company registration number
Postcode	Registered office address
Business address (if different)	
	Postcode
Postcode	CONTINUED OVER



4. ABOUT THE PERSONS CONNECTED	TO THE COMPANY	Please specify you	ur percentage shareholding/ow	nership (if applicable)
PERSON 1		,		owners only) – Tax regulations require us to collect certain rangements. Please provide this information below.
Role: Beneficial owner Director Au Other (please specify)	uthorised signatory Company secretary	Country/countries	of residency for tax purposes	Tax identification number (TIN) or national insurance number (or equivalent identity number)
Title (eg Mr/Mrs/Miss/Ms/Other)				
Forename(s)				
Known as				
Surname		If a TIN or National	I Insurance Number is not availa	able, please provide your residency certificate number
Previous name(s)				
(ie maiden name, former married name(s) or if you have changed your	name by deed poll)	Please note: we m	ay have a legal or regulatory rec	quirement to share this information with relevant tax authorities.
Gender		US citizenship – a	are you or have you ever been a	a US citizen?
Occupation (if retired, previous occupation)	Nationality	We will require all	I US citizens and US tax resider	nts to complete a Form W-9, which we can send to you or you gov) under the Forms and Publications section.
Date of birth			,	b be completed by shareholders/beneficial owners only):
Place of birth			·	to meet our "know your client" obligations.
Country of birth		Category	Amount	Details of how accumulated
Residential address		Inheritance	£	Details of now accumulated
	Postcode	Cash	£	
Telephone number +		Investments	£	
Mobile number +			£	
to be used for SMS text commun	lication	Property		
Email address		Other	£	
Period at present address Years	Months	Timescale of sour	ce of wealth ie, accumulated o	over:
If less than three years, please state previous address(es):		0-1 year	1-10 years	10-20 years Over lifetime
	Postcode			



PERSON 2		Please specify your	percentage shareholding/ownership	o (if applicable)
Role: Beneficial owner [Other	Director Authorised signatory Company secretary (please specify)	• (rs only) – Tax regulations require us to collect certain nents. Please provide this information below.
Title (eg Mr/Mrs/Miss/Ms/Other)		Country/countries o	of residency for tax purposes	Tax identification number (TIN) or national insurance number (or equivalent identity number)
Forename(s)				number (or equivalent identity number)
Known as				
Surname				
Previous name(s)				
(ie maiden name, former married nan	ne(s) or if you have changed your name by deed poll)	If a TIN or National Ir	nsurance Number is not available, ple	ase provide your residency certificate number
Gender				
Occupation (if retired, previous occupation)	Nationality	_	y have a legal or regulatory requireme e you or have you ever been a US cit	ent to share this information with relevant tax authorities. rizen? Yes No
Date of birth		We will require all U	JS citizens and US tax residents to c	omplete a Form W-9, which we can send to you or you
Place of birth		can download it from	m the IRS website (www.irs.gov) und	der the Forms and Publications section.
Country of birth		Value of investmen	nts/accumulated wealth (to be co	mpleted by shareholders/beneficial owners only):
Residential address		Please complete thi	is section, which is required to meet	our "know your client" obligations.
	Postcode	Category	Amount	Details of how accumulated
Telephone number	+	Inheritance	£	
Mobile number	+	Cash	£	
	to be used for SMS text communication	Investments	£	
Email address		Property	£	
Period at present address	Years Months	Other	£	
If less than three years, please	state previous address(es):		e of wealth ie, accumulated over:	
		0-1 year		0 years Over lifetime
	Postcode	U-1 year []	1-10 years [] 10-2	o years Over metime



PERSON 3		Please specify your	r percentage shareholding/ownersh	ip (if applicable)
Role: Beneficial owner Other	Director Authorised signatory Company secretary (please specify)	• (ers only) — Tax regulations require us to collect certain ments. Please provide this information below.
Title (eg Mr/Mrs/Miss/Ms/Othe	r)	Country/countries	of residency for tax purposes	Tax identification number (TIN) or national insurance number (or equivalent identity number)
Forename(s)				number (or equivalent literative number)
Known as				
Surname				
Previous name(s)		L		
(ie maiden name, former married n	ame(s) or if you have changed your name by deed poll)	If a TIN or National I	Insurance Number is not available, pl	ease provide your residency certificate number
Gender				
Occupation (if retired, previous occupation)	Nationality		ly have a legal or regulatory requirem re you or have you ever been a US c	ent to share this information with relevant tax authorities. itizen? Yes No
Date of birth		We will require all	US citizens and US tax residents to	complete a Form W-9, which we can send to you or you
Place of birth		can download it fro	om the IRS website (www.irs.gov) ur	nder the Forms and Publications section.
Country of birth		Value of investme	ents/accumulated wealth (to be c	ompleted by shareholders/beneficial owners only):
Residential address		Please complete th	nis section, which is required to mee	et our "know your client" obligations.
	Postcode	Category	Amount	Details of how accumulated
Telephone number	+	Inheritance	£	
Mobile number	+	Cash	£	
	to be used for SMS text communication	Investments	£	
Email address		Property	£	
Period at present address	Years Months	Other	£	
If less than three years, pleas	se state previous address(es):	Timescale of source	e of wealth ie, accumulated over:	
		0-1 year		20 years Over lifetime
	Postcode	,	,	,



PERSON 4		Please specify you	ur percentage shareholding/owne	rship (if applicable)
Role: Beneficial owner	r Director Authorised signatory Company secretary	- '		wners only) – Tax regulations require us to collect certain
Other	(please specify)	information about	each beneficial owner's tax arrar	ngements. Please provide this information below.
Title (eg Mr/Mrs/Miss/Ms/Othe	er)	Country/countries	of residency for tax purposes	Tax identification number (TIN) or national insurance
Forename(s)				number (or equivalent identity number)
Known as				
Surname				
Previous name(s)		L TINI NI II	N. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1. 1.	
(ie maiden name, former married r	name(s) or if you have changed your name by deed poll)	If a TIN or National	Insurance Number is not available	e, please provide your residency certificate number
Gender				
Occupation (if retired, previous occupation)	Nationality		ay have a legal or regulatory requi ire you or have you ever been a U	rement to share this information with relevant tax authorities. IS citizen? Yes No
Date of birth		We will require all	US citizens and US tax residents	to complete a Form W-9, which we can send to you or you
Place of birth		can download it fr	om the IRS website (www.irs.gov) under the Forms and Publications section.
Country of birth		Value of investm	ents/accumulated wealth (to b	e completed by shareholders/beneficial owners only):
Residential address		Please complete t	his section, which is required to I	meet our "know your client" obligations.
	Postcode	Category	Amount	Details of how accumulated
Telephone number	+	Inheritance	£	
Mobile number	+	Cash	£	
	to be used for SMS text communication	Investments	£	
Email address		Property	£	
Period at present address	Years Months	Other	£	
If less than three years, pleas	se state previous address(es):		ce of wealth ie, accumulated over	r·
		0-1 year		10-20 years Over lifetime
	Postcode	0-1 year []	1-10 years	10-20 years Over metime
		Please copy this the company.	page and add to the application	on if there are additional persons connected to

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5. REASON FOR OPENING THE ACCOUNT	Account Activity	
	Other than the initial deposit, how much do you expe	ect to pay into the account per year?
Please state reason for requiring an account	Type, estimated or anticipated number/value of trans	sactions over a 12 month period:
	Into the account	Out of the account
	Туре	
If opening an account outside your country of incorporation, please indicate why you require an offshore account	Number	
	Value (specify currency)	
Please state what the account will be used for	Examples of type of account activity:	
Ticase state what the account will be used for	Investment dealing Trading activities	
	Which countries would you normally be transferring	funds to?
6. SOURCE OF FUNDS		
	Likely source of ongoing funds into the account	
Please note: We reserve the right to request additional information relating to the initial deposit as well as	_	
subsequent transactions.		
Initial deposit Currency Amount		
Please provide full source of funds information regarding the initial monies that will be transferred to the new		
account, ie generated from what transaction or business, as well as the country it is coming from, bank name		
and account name.		
Initial funds from		
Account name		
Bank name		
Country		
Please state the source of wealth (ie, inheritance, savings, sale of business) used for the opening of this account.		



7. SERVICES REQUIRED	8. AUTHORISATION
Please tick appropriate boxes to indicate the services that you may require immediately. You may at any time advise us that you wish to utilise other services. Please note that Focus accounts will be opened in sterling, US dollar and euro. Please advise if you require additional currency accounts. Other currency required	Third party authorisation If you would like to arrange authority for a third party to operate the account, please tick box to receive a mandate If you do disclose your information to a third party, please consider the risks in doing so and the obligations as detailed within the Terms and Conditions. Intermediary Authorisation
Currency in which your account will be reported and valued (tick one box only): Sterling US dollar Euro Other (specify)	Do you wish us to send copy statements of your account to your intermediary?
	Do you wish to have your account details made available to your intermediary via the internet?
Unless you request otherwise, investment income and proceeds from the sale of investments will remain in the currency it is received.	If Yes, an online banking application form may be sent to your intermediary.
	Do you wish us to divulge information to your intermediary?
Currency required (tick all applicable) Currency required (tick all applicable) (Minimum deposit: £50,000/US\$75,000) Deposit amount Term of deposit 1 month 3 months 6 months 1 year Other currencies may be available by arrangement. Do you require segregation of income received? Yes No For added security we would recommend online banking services Yes No We will send you the relevant forms. A sterling cheque book is available. Please let us know if you would like one.	If yes, please complete an 'Authority to release account information to an intermediary' form. Do you wish us to accept investment instructions from a third party? If Yes, please complete and sign a mandate 'Focus mandate appointing a third party adviser to give investment instructions only'. Yes No No If you do disclose your information to a third party please consider the risks in doing so and the obligations as detailed within the Terms and Conditions. Please note that we are authorised to send information via email where your intermediary has an email mandate in place. If you have answered Yes to any of the above, please give details of your intermediary. Name
Focus Investment Services	Address
Do you intend to utilise the Focus Investment Services?	Postcode
Do you intend to hold US securities through your Focus account? Yes No	Telephone number
If yes, we will require completion of US tax form in the W series prior to the investment being made. Dealing instructions will not be accepted for US incorporated securities without the correct US tax documentation being in place (see also section 5 for details of the W forms required).	Email address



A valid IBAN is a requirement on all Euro payments to countries within the EU. Failure to provide one could result

in transfer delays and/or excess charges.

For Isle of Man and Jersey Accountholders	9. YOUR INSTRUCTIONS AND REQUESTS FOR INFORMATION
Do you wish for all your account data to be shared with Nedbank Private Wealth Yes No in the United Kingdom in order for them to manage your relationship locally?	Security password for your telephone calls
Please note: If you tick Yes, all your account data will be held within the UK and will be protected under the Data Protection Act 1998, and under these regulations may be shared with UK authorities if they require it.	Please complete the Security Password Mandate which will be supplied separately once your application has been received, and send it to us in the post at your earliest convenience. We will accept your security
For clients resident/domiciled in South Africa only	password as specified as authorisation for enquiries, investment transaction instructions, payment instruction to nominated bank accounts and foreign exchange instructions via the telephone. We will ask you for selected
Have you signed an Investment Mandate with Nedbank Private Wealth South Africa? Yes No	characters from your security password.
If No, please complete the section below.	Telephone instructions and requests for information will only be accepted if we can adequately
Do you wish for your account data to be shared with Nedbank Private Wealth in Yes No	identify the caller as the Accountholder.
South Africa in order for them to manage your relationship locally?	Your payment instructions by telephone
By ticking Yes, you acknowledge that information relating to you and your account will be held outside of the UK, Isle of Man and Jersey. This exchange of information is subject to our Terms and Conditions, specifically	If you wish to make any payment instructions by telephone we require the full bank account details in advance. Please complete the details below and let us know should you wish to add additional nominated bank accounts
Condition 4.6.2., details of which are available on our website.	We are hereby authorised to honour without the need for further enquiry any telephone requests for
Authorised Signatories	withdrawals believe to be genuine, and given by one or more authorised signatories on the account as
Name 1	specified in the current mandate to operate the account, which should be payable to the bank/building society below.
Signature Date	Nominated Bank Account
Name 2	Bank/building society
	Address
Signature Date	Postcode
	Sort code number
	Beneficiary
	Account number
	Swift code
	IBAN



Correspondent bank Correspondent SWIFT		which may be		products and services and additional benefits wsletters and information about our products
Correspondent account				entitled to a copy of your personal data held by us on
Authorised Signatories				ions in future, you can do so by contacting us.
Name 1		The terms of the	his Account Application form shall be governation	ned by and construed in accordance with the laws of the
Signature	Date	Isle of Man, Je	ersey or UK (as applicable).	
		Authorised S	ignatory 1	
Name 2		Name		
Signature	Date	Capacity		
o.g. actio		Signature		Date
10. DECLARATION				
- DECLARATION		Authorised Si	signatory 2	
Declaration		Name		
To be made by those duly authorised by the board of directors. Y	ou wish to open an account with us in accordance	Capacity		
with the published Terms and Conditions which you acknowledge $% \left(1\right) =\left(1\right) \left(1\right$	having received and to which you agree to be bound.	Signature		Date
You authorise us to make enquiries and take up references as		o ignatare		
application form and this authorisation is to remain effective u	•	Authorised S	ignatory 2	
You understand that we do not accept any liability whatsoever a result of any fraud or negligent misuse of the banking service			ignatory 5	
occurs as a result of fraud or gross negligence on the part of		Name		
You confirm that you have examined the information on this fo	rm and to the best of your knowledge believe it	Capacity		
to be true, correct and complete. You agree that you will notify	us within 30 days if any information on this form	Signature		Date
becomes incorrect.		L		
You confirm that you will maintain the account balance above	·	Authorised S	ignatory 4	
'Order Execution' acknowledgement: You acknowledge that Policy' and agree to be bound by it.	you have received a copy of our 'Order Execution	Name		
Data Protection		Capacity		
The information requested on this form may be used by us to a	ssist us in providing the service you are applying	Signature		
for to confirm undate and enhance our records, and to assess				

CONTINUED OVER



11.	BOARD RESOLUTION
You	hereby certify that at a Meeting of the Directors of
	("the Company")
held	at the day of
It wa	as resolved:
1.	THAT an account be opened with us and that we are authorised and requested to pay or honour all cheques, drafts, or other orders or receipts for money purporting to be drawn or signed on behalf of the company, and to debit the same to such account, whether such account be in credit or otherwise, provided that such cheques, drafts, orders or receipts are signed by (insert "any two Directors" or "a Director and the Secretary" or as otherwise resolved)
2.	THAT we are authorised to treat all cheques, drafts, orders or receipts as having been duly endorsed or signed on behalf of the company and discount or otherwise deal with them provided that such endorsements purport to be signed by (insert "any two Directors" or "a Director and the Secretary" or as otherwise resolved)
3.	THAT we are hereby authorised to honour and comply with all instructions to deliver or dispose of any securities or documents or property held by us on behalf of the company, provided such instructions are signed by (insert "any two Directors" or "a Director and the Secretary" or as otherwise resolved)
4.	THAT (insert "any two Directors" or "a Director and the Secretary" or as otherwise resolved) are hereby authorised on behalf of the company:
	4.1. to borrow money and to obtain credit for the company from us on any terms and to make and deliver notes, drafts, acceptances, instruments of guarantee, agreements and any other obligations of the company therefore in a form satisfactory to us;
	4.2. to grant security interests in and/or pledge or assign and deliver, as security for money borrowed or credit obtained, stocks, bonds, instruments, bills receivable, accounts, mortgages, merchandise, bills-of-lading, warehouse receipts and other documents, insurance policies, certificates, and any other property now or hereafter held by or belonging to the company, with full authority to endorse, assign or guarantee any of the same in the name of the company:

- 4.3. to discount any bills receivable or any paper held by the company with full authority to endorse the same in the name of the company;
- 4.4. to withdraw from us and give receipt for, or to authorise us to deliver to the bearer or to one or more designated persons, all or any documents and securities or other property held by it, whether held as collateral security or for safekeeping or for any other purpose;
- 4.5. to authorise and request us to purchase or sell for account of the company stocks, bonds and other securities;
- 4.6. to execute and deliver all security and other agreements, financing statements and other papers required by us in connection with any of the foregoing matters and affix thereto the seal of the company;
- 4.7. to authorise the company's bankers to respond to client identification documentation provided by us by the execution and delivery to us of our standard customer identification authority and other papers required by us in connection with the company's identification; and
- 5. THAT a list of the names and specimen signatures of the persons at present authorised to sign under these resolutions be furnished to us in a form satisfactory to us and that we be advised in writing of all changes which may take place in the same from time to time.

You agree that your signatures to this corporate account application shall be your acknowledgement that you have received a copy of our Terms and Conditions and that the Terms and Conditions as amended from time to time shall form an agreement between you and us as if incorporated herein.

You acknowledge that we have elected to classify all clients as 'Retail clients' and you will be treated as such in respect of all business we conduct for you. This classification means that you will receive the highest level of regulatory protection available for complaints and compensation and receive information from us in a straightforward way, and determines the regulatory requirements that will apply to us when providing investment and ancillary services to you. You have the right to request a different classification, as a 'professional client' or 'eligible counterparty client' as defined by the EC Markets in Financial Instruments

Directive, subject to meeting the required criteria, but this will result in you having a decreased level of regulatory protection. Any such request should be made in writing to us.



You hereby certify that the signal	atory(ies) whose specimen signature(s) appear in section 11 are	duly a
to sign on behalf of the compan	y in accordance with the terms of this corporate account applica	ation:
Chairman/Director (to sign)		
Secretary/Director (to sign)		
Date		
Any changes to the above will be	pe notified to you immediately.	

12. DOCUMENTATION REQUIRED

are duly authorised

We are required to confirm the identity and address of all account signatories/directors and beneficial owners (where different) plus any additional authorised signatories included in the Declaration (section 10) for the account.

We therefore need the following documents which will be treated as confidential. All originals will be returned to you.

- 1. For at least two of the account directors, and where different, two signatories, we require a copy of their passport, or a copy of their driving licence* or a copy of any other government issued ID document bearing their photograph and signature certified by a suitable person ie, an official of a British embassy, qualified solicitor, notary public, member of the judiciary, qualified accountant, a director, officer or manager of a regulated financial services business. The certifier must be licensed/practising/member of a professional body/authorised to certify documents; and
- An original utility bill (not a mobile telephone bill or internet bill), statement from a recognised bank, statement from a recognised bank credit card provider or rates bill, council tax bill or income tax bill, not more than six months old showing name and residential address (a certified copy is acceptable if completed as stated below).**

We reserve the right to request documents for all signatories/directors if we deem it necessary.

To certify a document:

The certifier must state on the copy documents the following:

"I certify that this is a true copy of the original document".

The documents must bear the stamp of the office of the certifying person and have printed clearly in capitals the name, position, profession and contact details of the certifier.

If you do not possess a passport, driving licence or government issued ID card, please contact us.

In addition to the above, we also require the following for limited companies

- A completed limited company mandate which includes appropriate board resolution (see section 11).
- Sight of the original certificate of incorporation, or receipt of a certified copy.
- A copy of the latest available accounts.

We cannot process your application without sight of these documents which will be returned without delay. If any of these requirements cause difficulty, please contact us.

- * Only UK, Jersey, Guernsey or Isle of Man driving licences can be accepted.
- ** The certifier must have seen the original document and met the individual face-to-face.

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13. YOUR CHECKLIST	When you have completed this form simply post it to:
A fully completed account application form A fully completed Self Certification of Entity Tax Status form Corporate structure chart if part of larger structure A copy of the business plan if the entity's principal function is e-commerce/e-gaming A copy of the company accounts	Nedbank Private Wealth St Mary's Court 20 Hill Street Douglas Isle of Man British Isles IM1 1EU To assist us in our market research, would you please indicate where/how you first heard of us: Nedbank Private Wealth or Nedban
A copy of licence (if applicable) W-9 forms to be completed for any US national/resident Relevant W forms for US security trading 'Authority to release account information to an intermediary' form (if applicable) 'Focus mandate appointing a third party adviser to give instructions only' form (if applicable) Certified copies of the following documents will be required: Authorised signatory list Certificate of incorporation Memorandum & articles of association Certificate of good standing/certificate of incumbency Directors and shareholders register Declaration of trust if a nominee company forms part of the structure ID and address documents for directors/signatories, as appropriate	Advertising (please indicate newspaper/magazine/poster location/website) Internet search (eg, Google) Radio advert Opportunity/Interface newsletter Sponsorship Nedbank Private Wealth office Hold another account with the group Recommendation (please specify) Introducer (please give introducer's details) Other (please specify)
ID and address documents for all shareholders/beneficial owners owning over 25% of the company or holding a controlling interest Please note that additional information and/or further mandates may be required. Please do not email your application form to us as the personal information contained within this form may be compromised by way of fraudulent interception. Please note: we will require the original completed and signed copy of this application form and items in the checklist above to finalise account opening formalities.	

Nedbank Private Wealth is a registered trade name of Nedbank Private Wealth Limited.

Nedbank Private Wealth Limited is licensed by the Isle of Man Financial Services Authority. Registered office: St Mary's Court 20 Hill Street Douglas Isle of Man.

The Jersey branch is regulated by the Jersey Financial Services Commission.

The London branch is authorised by the Prudential Regulation Authority and regulated by the Financial Conduct Authority and the Prudential Regulation Authority. Registration No: 313189.

The UAE representative office in Dubai is licensed by the Central Bank of UAE. Licence No: 13/191/2013.

Representation in South Africa is through Nedbank Limited. Registered in South Africa with Registration No 1951/000009/06, an authorised financial services and registered credit provider (NCRCP16).