

FICA

Fax, Post or email to:
Gryphon Collective Investments (RF) (Pty) Ltd
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Information required by the Financial Intelligence Centre Act, No. 38 of 2001

CLOSE CORPORATION OR FOREIGN CLOSE CORPORATION

In terms of the Financial Intelligence Centre Act, No 38 of 2001 (FICA) all Financial Institutions have to identify and verify client information. The information has to be provided by all prospective clients before entering into a business relationship or concluding a single transaction.

Kindly complete the applicable sections set out below, being additional information required in terms of FICA. The completed form must accompany the application form together with all requested copies of documentation, to enable us to process the application.

COPIES OF THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH THE APPLICATION FORM:

Close Corporation:

- The most recent **Founding Statement** and **Certificate of Incorporation (CK1)**
- **Amending Founding Statement (CK2 and CK2A)**, if applicable
- **Register of Members**
- **Letterhead** of CC reflecting the CC's trading name and business address details
- **Proof of physical business address recent utility bill/account statement** (less than 3 months old)
- Copy of **letter of Authority/Power of Attorney/Appointment** of the **authorized signatory/authority** to act, (if applicable)
- SARS document containing details of the **income tax number**, if issued
- **Bank Statement or cancelled cheque** to verify banking details, alternatively, supply bank confirmation for such details
- **Due diligence on members and authorized persons:-**
 - If **individuals**, as per individual requirements [Copy of **ID or passport** and verification of residential address via **utility bill**];
 - If **trusts**, as per requirements for the trust as an entity type of the ultimate **beneficial owner / Beneficiary**

Foreign Close Corporation: Certified copies of an official document issued by an authority for recording the incorporation of close corporations of the country of incorporation of the foreign close corporation, witnessing its incorporation and bearing its name and number of incorporation and the address where it is situated for purposes of its incorporation and the documents as per the above requirements

GENERAL

NB: Type of Business of Close Corporation:

Short Term Insurance Co.; Long-Term Insurance Co. or Linked-Investment Service Provider; Brokerage etc.

SECTION A – CC REPRESENTATIVE

Complete **details concerning the CEO/Manager** of the CC:

CEO / Manager of the CC

Surname				Title	
First Names				Nationality	
Date of birth			ID/Passport Number		
Residential Address					
				Postal Code	
Telephone Numbers	Primary			Business	
	Cell			Fax	
E-mail Address					

SECTION B – AUTHORISED INDIVIDUALS

Complete details concerning each natural **person who is authorised to act** on behalf of the CC (SA or Foreign):

Authorised / Mandated Person No 1

Surname				Title	
First Names				Nationality	
Date of birth		ID/Passport Number			
Residential Address					
				Postal Code	
Telephone Numbers	Primary		Business		
	Cell		Fax		
E-mail Address					

Authorised / Mandated Person No 2

Surname				Title	
First Names				Nationality	
Date of birth		ID/Passport Number			
Residential Address					
				Postal Code	
Telephone Numbers	Primary		Business		
	Cell		Fax		
E-mail Address					

SECTION C – MEMBERS OF CC

Member of CC No 1

Surname				Title	
First Names				Nationality	
Date of birth		ID/Passport Number			
Residential Address					
				Postal Code	
Telephone Numbers	Primary		Business		
	Cell		Fax		
E-mail Address					

Member of CC No 2

Surname				Title	
First Names				Nationality	
Date of birth		ID/Passport Number			
Residential Address					
				Postal Code	
Telephone Numbers	Primary		Business		
	Cell		Fax		
E-mail Address					

Member of CC No 3

Surname				Title	
First Names				Nationality	
Date of birth			ID/Passport Number		
Residential Address					
				Postal Code	
Telephone Numbers	Primary			Business	
	Cell			Fax	
E-mail Address					

Member of CC No 4

Surname				Title	
First Names				Nationality	
Date of birth			ID/Passport Number		
Residential Address					
				Postal Code	
Telephone Numbers	Primary			Business	
	Cell			Fax	
E-mail Address					

Please complete details as per above for all members if CC has more than four individual members.

Attach **Original or certified copies by an independent Commissioner of Oaths** of:

- Verification of residential address of each of the directors and authorized signatures (Not older than 6 months)
- Copy of bar-coded ID and / or passport of each of the members

SIGNATURE OF INVESTOR

The Client warrants that all statements made and information particulars supplied by him/her/it or on his/her/its behalf in this addendum to the application form are true and correct.

Signed at: _____

Date: _____

Signature of Investor (Authorized/Mandated official)

SIGNATURE OF FINANCIAL / INVESTMENT ADVISOR (IF ANY)

The Financial / Investment Adviser warrants that he/she has taken reasonable steps to establish and verify the identity of the client and any other person required/involved in the establishment of the business relationship or single transaction.

Name of Financial / Investment Advisor: _____

Financial / Investment Advisor code: _____

Signature of Financial / Investment Advisor: _____

Date: _____