



## FOCUS ACCOUNT COMPANY APPLICATION FORM

Please complete in full, 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.

### 1. ACCOUNT LOCATION

ISLE OF MAN     JERSEY     LONDON

London accounts only - a signed UK Financial Services Compensation Scheme Information Form is required.

### 2. ABOUT THE COMPANY ("THE ACCOUNTHOLDER")

FULL NAME OF ENTITY	
DETAILS OF ANY TRADING NAMES	
NATURE OF COMPANY'S BUSINESS	
PRINCIPAL PLACE OF BUSINESS/ OPERATIONS (if different from registered office)	
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](http://www.irs.gov)) under the Forms and Instructions section.

DATE OF INCORPORATION (DD/MM/YYYY)	
COUNTRY OF INCORPORATION	
COMPANY REGISTRATION NUMBER	
VAT REGISTERED NUMBER	
NAME OF REGULATOR (if applicable)	
REGISTERED OFFICE ADDRESS	
POSTCODE	
BUSINESS ADDRESS (if different)	
POSTCODE	
CORRESPONDENCE ADDRESS (if different)	
POSTCODE	
CONTACT NAME	
TITLE (e.g. Mr/Mrs/Miss/Ms/Other)	
CAPACITY	
BUSINESS TELEPHONE NUMBER	+ <input type="text"/>
FAX NUMBER	+ <input type="text"/>
EMAIL ADDRESS	<input type="text"/>
WEBSITE	<input type="text"/>
DETAILS OF ANY EXISTING RELATIONSHIPS WITH NEDBANK PRIVATE WEALTH	

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## 3. DETAILS OF CORPORATE DIRECTORS AND CORPORATE SHAREHOLDERS INCLUDING ANY NOMINEE COMPANIES (IF APPLICABLE)

CORPORATE DIRECTOR    
  CORPORATE SHAREHOLDER    
  NOMINEE COMPANY

COMPANY NAME	
DATE OF INCORPORATION (DD/MM/YYYY)	
COUNTRY OF INCORPORATION	
COMPANY REGISTRATION NUMBER	
REGISTERED OFFICE ADDRESS	
POSTCODE	

## 4. ABOUT THE PERSONS CONNECTED TO THE COMPANY

	PERSON 1		PERSON 2	
ROLE	<input type="checkbox"/> BENEFICIAL OWNER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> AUTHORISED SIGNATORY <input type="checkbox"/> COMPANY SECRETARY <input type="checkbox"/> OTHER (please specify)		<input type="checkbox"/> BENEFICIAL OWNER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> AUTHORISED SIGNATORY <input type="checkbox"/> COMPANY SECRETARY <input type="checkbox"/> OTHER (please specify)	
TITLE (e.g. Mr/Mrs/Miss/Ms/Other)				
GENDER				
FORENAME(S)				
KNOWN AS/ALIAS				
SURNAME				
PREVIOUS NAME(S) (i.e. maiden name, former married name(s) or if you have changed your name by deed poll)				
OCCUPATION (if retired, previous occupation)				
NATIONALITY				
DATE OF BIRTH (DD/MM/YYYY)				
PLACE OF BIRTH				
COUNTRY OF BIRTH				
PERSONAL IDENTIFICATION NUMBER (e.g. Passport or Driving Licence Number or Government issued ID number. Refer to Section 13 "Documentation Required" for guidance.)				
DETAILS OF ANY PUBLIC OR HIGH PROFILE POSITIONS HELD				
PERMANENT RESIDENTIAL ADDRESS Proof of address is required. Please refer to section 13 "Documentation Required" for guidance.				
POSTCODE				
TELEPHONE NUMBER	+		+	
MOBILE NUMBER for SMS text communication and Professional Online Banking Services	+		+	
EMAIL ADDRESS required for Professional Online Banking Services				
PERIOD AT PRESENT ADDRESS		YEARS     MONTHS		YEARS     MONTHS



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	PERSON 1	PERSON 2
IF LESS THAN THREE YEARS, PLEASE STATE PREVIOUS ADDRESS(ES)		
POSTCODE		
PLEASE SPECIFY YOUR PERCENTAGE SHAREHOLDING/OWNERSHIP (if applicable)		

**Tax residency (to be completed by beneficial owners only)** – Tax regulations require us to collect certain information about each beneficial owner's tax arrangements. Please provide this information below.

FIRST COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

To be completed below only if you have multiple tax jurisdictions.

SECOND COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

THIRD COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

IF A NATIONAL INSURANCE NUMBER OR TIN IS NOT AVAILABLE, PLEASE PROVIDE YOUR RESIDENCY CERTIFICATE NUMBER		
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Please note: To help fight against tax evasion, governments around the world have introduced an information-gathering and reporting requirement for financial institutions instructions. This is known as the Common Reporting Standards (CRS). Individuals resident in a CRS jurisdiction will have their details forwarded to the tax authorities.

### US citizenship

ARE YOU OR HAVE YOU EVER BEEN A US CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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We will require all US citizens and US tax residents to complete a Form W-9, which we can send to you or you can download from the IRS website ([www.irs.gov](http://www.irs.gov)) under the Forms and Instructions section.

### Value of investments/accumulated wealth (to be completed by shareholders/beneficial owners only):

Please complete this section, which is required to meet our 'know your client' obligations.

INHERITANCE	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED
CASH	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED
INVESTMENTS	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED

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	PERSON 2	PERSON 1
PROPERTY	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED:	DETAILS OF HOW ACCUMULATED:
OTHER	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED:	DETAILS OF HOW ACCUMULATED:
OVER WHAT PERIOD WAS YOUR WEALTH ACCUMULATED?	<input type="checkbox"/> 0-1 YEAR <input type="checkbox"/> 1-10 YEARS <input type="checkbox"/> 10-20 YEARS <input type="checkbox"/> OVER LIFETIME	<input type="checkbox"/> 0-1 YEAR <input type="checkbox"/> 1-10 YEARS <input type="checkbox"/> 10-20 YEARS <input type="checkbox"/> OVER LIFETIME

	PERSON 3	PERSON 4
ROLE	<input type="checkbox"/> BENEFICIAL OWNER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> AUTHORISED SIGNATORY <input type="checkbox"/> COMPANY SECRETARY <input type="checkbox"/> OTHER (please specify)	<input type="checkbox"/> BENEFICIAL OWNER <input type="checkbox"/> DIRECTOR <input type="checkbox"/> AUTHORISED SIGNATORY <input type="checkbox"/> COMPANY SECRETARY <input type="checkbox"/> OTHER (please specify)
TITLE (e.g. Mr/Mrs/Miss/Ms/Other)		
GENDER		
FORENAME(S)		
KNOWN AS/ALIAS		
SURNAME		
PREVIOUS NAME(S) (i.e. maiden name, former married name(s) or if you have changed your name by deed poll)		
OCCUPATION (if retired, previous occupation)		
NATIONALITY		
DATE OF BIRTH (DD/MM/YYYY)		
PLACE OF BIRTH		
COUNTRY OF BIRTH		
PERSONAL IDENTIFICATION NUMBER (e.g. Passport or Driving Licence Number or Government issued ID number. Refer to Section 13 "Documentation Required" for guidance.)		
DETAILS OF ANY PUBLIC OR HIGH PROFILE POSITIONS HELD		
PERMANENT RESIDENTIAL ADDRESS Proof of address is required. Please refer to section 13 "Documentation Required" for guidance.		
POSTCODE		
TELEPHONE NUMBER	+	+
MOBILE NUMBER for SMS text communication and Professional Online Banking Services	+	+
EMAIL ADDRESS required for Professional Online Banking Services		
PERIOD AT PRESENT ADDRESS	YEARS      MONTHS	YEARS      MONTHS



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	PERSON 3	PERSON 4
IF LESS THAN THREE YEARS, PLEASE STATE PREVIOUS ADDRESS(ES)		
POSTCODE		
PLEASE SPECIFY YOUR PERCENTAGE SHAREHOLDING/OWNERSHIP (if applicable)		

**Tax residency (to be completed by beneficial owners only)** – Tax regulations require us to collect certain information about each beneficial owner’s tax arrangements. Please provide this information below.

FIRST COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

To be completed below only if you have multiple tax jurisdictions.

SECOND COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

THIRD COUNTRY OF RESIDENCE FOR TAX PURPOSES		
NATIONAL INSURANCE NUMBER OR TAX IDENTIFICATION NUMBER (TIN) (or equivalent identity number)		

IF A NATIONAL INSURANCE NUMBER OR TIN IS NOT AVAILABLE, PLEASE PROVIDE YOUR RESIDENCY CERTIFICATE NUMBER		
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Please note: we may have a legal or regulatory requirement to share this information with relevant tax authorities.

### US citizenship

ARE YOU OR HAVE YOU EVER BEEN A US CITIZEN?	<input type="checkbox"/> YES <input type="checkbox"/> NO	<input type="checkbox"/> YES <input type="checkbox"/> NO
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We will require all US citizens and US tax residents to complete a Form W-9, which we can send to you or you can download from the IRS website ([www.irs.gov](http://www.irs.gov)) under the Forms and Instructions section.

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Please complete this section, which is required to meet our ‘know your client’ obligations.

INHERITANCE	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED
CASH	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED
INVESTMENTS	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED

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	PERSON 3	PERSON 4
PROPERTY	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED
OTHER	AMOUNT £	AMOUNT £
	DETAILS OF HOW ACCUMULATED	DETAILS OF HOW ACCUMULATED
OVER WHAT PERIOD WAS YOUR WEALTH ACCUMULATED?	<input type="checkbox"/> 0-1 YEAR <input type="checkbox"/> 1-10 YEARS <input type="checkbox"/> 10-20 YEARS <input type="checkbox"/> OVER LIFETIME	<input type="checkbox"/> 0-1 YEAR <input type="checkbox"/> 1-10 YEARS <input type="checkbox"/> 10-20 YEARS <input type="checkbox"/> OVER LIFETIME

Please copy pages 4, 5 and 6 and add to the application if there are additional persons connected to the company.

### 5. REASON FOR OPENING THE ACCOUNT

PLEASE STATE REASON FOR REQUIRING AN ACCOUNT	
IF OPENING AN ACCOUNT OUTSIDE YOUR COUNTRY OF INCORPORATION, PLEASE INDICATE WHY YOU REQUIRE AN OFFSHORE ACCOUNT	
PLEASE STATE WHAT THE ACCOUNT WILL BE USED FOR	<input type="checkbox"/> SAVING <input type="checkbox"/> DAY-TO-DAY ADMINISTRATION <input type="checkbox"/> INVESTING <input type="checkbox"/> OTHER (please specify) _____

### 6. SOURCE OF FUNDS

Please note: We reserve the right to request additional information relating to the initial deposit as well as subsequent transactions.

INITIAL DEPOSIT	CURRENCY	AMOUNT
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Please provide full source of funds information regarding the initial monies that will be transferred to the new account, i.e. generated from what transaction or business, as well as the country it is coming from, bank name and account name.

SOURCE OF INITIAL FUNDS (e.g. savings from salary, inheritance, property sale, rental income etc)	
ACCOUNT NAME	
BANK NAME	
COUNTRY	
PLEASE STATE THE SOURCE OF WEALTH USED FOR THE OPENING OF THIS ACCOUNT (i.e. inheritance, savings, sale of business)	

### Account Activity

OTHER THAN THE INITIAL DEPOSIT, HOW MUCH DO YOU EXPECT TO PAY INTO THE ACCOUNT PER YEAR?	
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Type, estimated or anticipated number/value of transactions **over a 12-month period:**

	Into the account	Out of the account
TYPE		
NUMBER		
VALUE (specify currency)		

Examples of type of account activity: • Investment dealing • Trading activities



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WHICH COUNTRIES WOULD YOU NORMALLY BE TRANSFERRING FUNDS TO?	
LIKELY SOURCE OF ONGOING FUNDS INTO THE ACCOUNT	

### 7. SERVICES REQUIRED

Please tick appropriate boxes to indicate the services that you may require immediately. You may at any time advise us that you wish to use 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	
CURRENCY IN WHICH YOUR ACCOUNT WILL BE REPORTED AND VALUED (tick one box only)	<input type="checkbox"/> STERLING <input type="checkbox"/> US DOLLARS <input type="checkbox"/> EURO <input type="checkbox"/> OTHER (please specify) <input type="text"/>

Investment income and proceeds from the sale of investments will remain in the currency it is received.

#### Fixed Term Deposit Accounts

CURRENCY REQUIRED (tick all applicable)	<input type="checkbox"/> STERLING <input type="checkbox"/> US DOLLARS <input type="checkbox"/> EURO
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Other currencies may be available by arrangement.

DO YOU REQUIRE SEGREGATION OF INCOME RECEIVED?	<input type="checkbox"/> YES <input type="checkbox"/> NO
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#### Focus Investment Services

DO YOU INTEND TO USE THE FOCUS INVESTMENT SERVICES?	<input type="checkbox"/> YES <input type="checkbox"/> NO
DO YOU INTEND TO HOLD U.S. SECURITIES THROUGH YOUR FOCUS ACCOUNT?	<input type="checkbox"/> YES <input type="checkbox"/> NO

Where you intend holding execution only securities we will require you to complete the Shareholder Rights Directive II Decision Maker Nomination Form.

If you do not intend to hold US securities, we will require the completion of US tax forms 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 placed.

#### London Accountholders only

Please provide your Legal Entity Identifier (LEI).

LEGAL ENTITY IDENTIFIER	
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For instructions on how to obtain an LEI, please visit our website [www.nedbankprivatewealth.com](http://www.nedbankprivatewealth.com). Please note that an LEI is required if you wish to use the Focus Investment Services.

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## 8. AUTHORISATION

### Third Party Authorisation

If you would like to arrange authority for a third party to operate the account, please tick 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.

## 9. YOUR REQUESTS FOR INFORMATION

### Security password for your telephone calls

We will accept your security password as specified as authorisation for enquiries via the telephone. We will ask you for selected characters from your security password.

#### Important note:

In order to safeguard client security, please only complete your chosen password when you are ready to send your completed application form to us in the post. The security password is a key factor in verifying client identity when contacting us and, as such, your account security may be at risk if it falls into the wrong hands.

**YOUR CHOSEN SECURITY PASSWORD IS**  
(password must be a minimum of four characters)

Telephone requests for information will only be accepted if we can adequately identify the caller as the account holder.

## 10. PROFESSIONAL ONLINE BANKING SERVICE

This service should be used to make payments, foreign exchanges and internal transfers, and to view your account(s) and create essential account reports. Please note that we will only accept payment requests via the Professional Online Banking Service, or in an original signed instruction sent via post (please refer to our Professional Online Banking Charges and Cut Off Times document for further details). To run your account efficiently, we strongly suggest that you apply for the Professional Online Banking Service. Please complete the sections below:

### 10.1 FACILITIES REQUIRED

Please confirm the facilities required by ticking the relevant box below.

ACCOUNT VIEWING	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
INTERNAL TRANSFER	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
FOREIGN EXCHANGE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
PAYMENTS	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO
REPORTING SERVICE	<input type="checkbox"/>	YES	<input type="checkbox"/>	NO

### 10.2 AUTHORISATION OPTIONS

Please indicate which authorisation option you require to match your operational mandates.

Three stage process which requires an inputter, verifier and an authoriser

Two stage process which requires an inputter/verifier and an authoriser

Single process which requires only one inputter

### 10.3 APPLICANTS FOR PROFESSIONAL ONLINE BANKING SERVICE (USERS)

Please confirm the full name and mark yes/no for access requirements applicable to each applicant.

Verifiers and Authorisers must coincide with your operational mandate. Please note individuals can be set up as having all levels of authority, but can only fulfil one function in the process.

FULL NAME	INPUTTER	VERIFIER	AUTHORISER	PAYMENT LIMIT ONLY





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### 10.4 SECURITY MANAGER INFORMATION

A Security Manager is responsible for any changes to new and current users (including amendments, deletion or enquiries etc). This information is required for security purposes to help identify users at your company/organisation.

	SECURITY MANAGER		ALTERNATIVE SECURITY MANAGER	
FORENAME				
SURNAME				
EMAIL ADDRESS				
TELEPHONE NUMBER	+		+	
FOR ADDED SECURITY AND TO HELP US TO IDENTIFY YOU, PLEASE PROVIDE A PASSWORD. PLEASE WRITE IN PRINT AND BLOCK CAPITALS, AND KEEP TO ONE WORD.				

### 11. DECLARATION

To be made by those duly authorised by the Board of Directors. You wish to open an account with us in accordance with the published Terms and Conditions, as well as the Professional Online Banking Terms and Conditions, which you acknowledge having received and to which you agree to be bound.

You authorise us to make enquiries and take up references as we consider appropriate in connection with this application form, and this authorisation is to remain effective until we receive written notification to the contrary.

You understand that we do not accept any liability whatsoever in respect of any losses which you may suffer as a result of any fraud or negligent misuse of the banking services, including telephone banking, unless such loss occurs as a result of fraud or gross negligence on the part of us or our employees or agents.

You confirm that you have examined the information on this form and to the best of your knowledge believe it to be true, correct and complete. You agree that you will notify us within 30 days if any information on this form becomes incorrect.

You confirm that you will maintain the account balance above the minimum required.

**'Order Execution' acknowledgement:** You acknowledge that you have received a copy of our 'Order Execution Policy' and agree to be bound by it.

You acknowledge that where we are placing deals under an execution-only arrangement, you are not receiving the same level of protection under the legislation as you would where we have provided investment advice or made recommendations. We are not obliged to consider the suitability of the product based on our knowledge of you and taking into consideration your risk appetite. We will process the investment assuming you have made an informed decision on the basis of your own research, having independently reviewed the product literature or illustrations. We will not perform any reviews on the continuing suitability, performance, or risk of the investment once the transaction has been processed.

#### Data Protection

The information requested on this form will be used by us to provide the specified services and to confirm your identity. You acknowledge that you have read and accept our Privacy Notice, which can be found at [www.nedbankprivatewealth.com](http://www.nedbankprivatewealth.com). This document details how we collect, process, store and dispose of the personal information you have provided to us. It also outlines your individual rights to your information and how you can access it.

If you wish to receive our newsletters and other marketing communications or promotions, please tick this box.

If you wish to cease these communications in the future, you can do so by contacting us.

	AUTHORISED SIGNATORY 1	AUTHORISED SIGNATORY 2
NAME		
CAPACITY		
SIGNATURE		
DATE (DD/MM/YYYY)		

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	AUTHORISED SIGNATORY 3	AUTHORISED SIGNATORY 4
NAME		
CAPACITY		
SIGNATURE		
DATE (DD/MM/YYYY)		

### 12. BOARD RESOLUTION

You hereby certify that at a Meeting of the Directors of [REDACTED] ("the Company") held at [REDACTED] the day of [REDACTED]

It was resolved:

1. THAT an account be opened with us and that we are authorised and requested to pay or honour all 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 drafts, orders or receipts are signed by **(insert "any two Directors" or "a Director and the Secretary" or as otherwise resolved);**  
[REDACTED]
2. THAT we are authorised to treat all 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);**  
[REDACTED]
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);**  
[REDACTED]
4. THAT **(insert "any two Directors" or "a Director and the Secretary" or as otherwise resolved)** are hereby authorised on behalf of the company: [REDACTED]
  - 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; The terms of this account application form shall be governed by and construed in accordance with the laws of the Isle of Man, Jersey or UK (as applicable);
  - 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.



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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 signatory(ies) whose specimen signature(s) appear in section 11 are duly authorised to sign on behalf of the company in accordance with the terms of this corporate account application:

<b>CHAIRMAN/DIRECTOR (TO SIGN)</b>	
<b>SECRETARY/DIRECTOR (TO SIGN)</b>	
<b>DATE (DD/MM/YYYY)</b>	

Any changes to the above will be notified to you immediately.

### 13. DOCUMENTATION REQUIRED

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 11).

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 i.e. 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
2. 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, rates bill, council tax bill or income tax bill, not more than six months old showing name and permanent 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".

When certifying photographic ID also include the wording "and is a true likeness".

The documents must be signed, dated and bear the stamp of the office of the certifying person as well as 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 identity 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 12).
- 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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## 14. YOUR CHECKLIST

- A fully completed account application form, including your security password in section 9, when you are ready to submit your application by post
- 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
- A copy of licence (if applicable)
- W-9 forms to be completed for any US national/resident
- Relevant W forms for US security trading
- Shareholder Rights Directive II Decision Maker Nomination 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
- Identity and address documents for directors/signatories, as appropriate
- Identity 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 to finalise account opening formalities.**

When you have completed this form simply post it to:

**Nedbank Private Wealth**  
**St Mary's Court 20 Hill Street**  
**Douglas Isle of Man**  
**British Isles IM1 1EU**

or

**Nedbank Private Wealth**  
**31 The Esplanade**  
**St Helier Jersey**  
**Channel Islands JE1 1FB**

or

**Nedbank Private Wealth**  
**Seventh Floor**  
**12 Arthur Street**  
**London EC4R 9AB**

## 15. MARKETING

To assist us in our market research, would you please indicate where/how you first heard of us.

- Advertising (please indicate newspaper/magazine/poster/radio/website)
- Internet search (e.g., Google)
- Client newsletter
- Sponsorship
- Nedbank Private Wealth office
- Hold another account with the group
- Recommendation (please specify)
- Introducer (please give introducer's details)
- Other, please specify