

# TAX RESIDENCY SELF CERTIFICATION FORM

To be completed by natural and juristic persons who indicated that:

- They are a tax resident of another country other than South Africa;
- Their country of birth or nationality is not South African; or
- Shareholders are registered for tax in another country.

## IMPORTANT INFORMATION

This document must be sent together with the product application form (if new) to the Administrator by either fax 011 561 6812 or email [admin@itransactfm.co.za](mailto:admin@itransactfm.co.za).

### SECTION 1: INVESTOR DETAILS

Investment Number	<input type="text"/>
Investor Name	<input type="text"/>
ID/ Registration Number	<input type="text"/>

### SECTION 2: TAX INFORMATION

If you are a resident in the US, you must also complete and return an Internal Revenue Services ("IRS") W-9 form, available on [www.irs.gov](http://www.irs.gov), and include any additional tax residencies in the table below:

#### Counties of Tax Residency


#### Tax Identification Number (TIN)


\*If you are unable to provide a Tax Identification Number, please tick one of the following reasons below:

- TIN not issued by jurisdiction
- TIN not required under domestic law; or
- Not required to register for tax

## SECTION 3: FOREIGN ACCOUNT TAX COMPLIANCE ACT (FATCA) CERTIFICATION

### 1. Please select the appropriate FATCA classification with reference to the tax residency stated in Section 2 above:

If your organisation is a Financial Institution, please specify which type:

- South African Financial Institution or a Partner Jurisdiction Financial Institution GIIN No:
- Participating Foreign (ie. Non-US) Financial Institution (in a non-IGA jurisdiction) GIIN No:
- Non-Participating Foreign (ie. Non-USA) Financial Institution
- Financial Institution resident in the USA or in a US Territory (please complete point two below for US Tax Residents)
- Exempt Beneficial Owner
- Deemed Compliant Foreign (ie. Non-US) Financial Institution (please complete Section 5)

If your organisation is not a Financial Institution, please specify which type:

- Active Non-Financial Foreign (ie. Non-US) Entity
- Passive Non-Financial Foreign (ie. Non-US) Entity

\*Classifications under FATCA are available from the IFM Investor Support Centre or IFM's website.

### 2. Complete this only if your organisation is a US Tax Resident

Specified US Person Yes  No

## SECTION 4: COMMON REPORTING STANDARD (CRS) CERTIFICATION

### Please select the appropriate CRS classification with reference to the tax residency stated in Section 2 above:

If your organisation is a Financial Institution, please specify which type:

- Reporting Financial Institution
- Non-Reporting Financial Institution

If your organisation is Non-Financial Entity ('NFE'), please specify which type:

- Active NFE – Publicly traded NFEs and related entities, Governmental entities, Int. organizations, central banks or their wholly owned entities
- Active NFE – Other
- Passive NFE – Non active NFE (please complete Section 5)
- Passive NFE – Investment entity that is not a Participating Jurisdiction FI (please complete Section 5)

## SECTION 5: SELF-CERTIFICATION FOR CONTROLLING PERSONS

Complete this only if you have ticked the relevant box in Section 3 or Section 4.

The term ‘‘Controlling Persons’’ means the natural person who exercise control over an Entity. The term shall be interpreted in a manner consistent with the Recommendations of the Financial Action Task Force (‘‘FATF’’).

	Controlling Person 1	Controlling Person 2	Controlling Person 3	Controlling Person 4
<b>Full Name*</b> (First and last name)				
<b>Date of Birth*</b> (DD/MM/YYYY)				
<b>Country of Birth*</b>				
<b>Full Address*</b> (House No, Street, City, Country, Post Code)				
<b>Country(s) of Tax Residence(s)*</b> (Do Not Abbreviate)				
<b>Associated TIN(s) or reason of unavailability*</b>				
<b>Type of Controlling Person*</b> (please see instructions)				
<b>Is the Controlling Person a ‘‘Specified US person’’?*</b> (Yes / No)				

## SECTION 6: DECLARATION

- I/We declare that all information and statements made in this form are to the best of my knowledge and belief, correct and complete.
- I/We confirm the details of each beneficial owner and controlling person have been correctly completed.
- I/We acknowledge and agree that the information contained in this form and information regarding the account holder’s financial account(s) with Itransact Fund Managers (RF)(Pty)Ltd may be reported to the tax authorities of the country in which the account(s) is/are maintained and exchanged with tax authorities of another country or countries in which the account holder is tax resident where those countries have entered into agreements to exchange financial account information.
- I/We agree that I/we will submit a new self-certification form to Itransact Fund Managers (RF)(Pty)Ltd within 90 days if any information on this self-certification form changes or becomes incorrect including for controlling persons.

I/We certify that I am the Account Holder (or authorized to sign for the Account Holder) of all the accounts to which this form relates.

\_\_\_\_\_ Date (ddmmyyyy)

**Authorised Signatory**

Full name, surname and position


**SECTION 7: CONTACT DETAILS****Financial Advisor and Investor Support Centre**

Telephone 0861 11 60 75  
Fax 011 561 6812  
Email [admin@itransactfm.co.za](mailto:admin@itransactfm.co.za)

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