

## TAX RESIDENCY SELF-CERTIFICATION | INDIVIDUAL

Regulation based on the OECD Common Reporting Standard (“CRS”) require Sanne Management Company (RF) (Pty) Ltd (“Sanne”) to collect and report certain information about an account holder’s tax residence.

If you are a U.S. citizen or tax resident under the U.S law, you should indicate that you are a U.S. tax resident on this form and you may also need to fill in an IRS W-9 form. For more information on tax residence, please consult your tax advisor or the information at the OECD automatic exchange or information portal.

If your tax residence (or the account holder, if you are completing the form on their behalf) is located outside of South Africa we may be legally obliged to pass on the information in this form and other financial information with respect to your financial accounts to the South African Revenue Service (“SARS”) and they may exchange this information with tax authorities of another jurisdiction or jurisdictions pursuant to intergovernmental agreements.

This form will remain valid unless there is a change in circumstances relating to information, such as the account holder’s tax status or other mandatory information that makes this form incorrect or incomplete. In that case you must notify us and provide an updated self-certification.

**This form is intended to request information consistent with local law requirements.**

Please complete this form if you are an individual account holder, sole trader or sole proprietor. (For joint or multiple account holders, use a separate form for each individual person).

Where you need to self-certify on behalf of an entity account holder, do not use this form. Instead, you will need an “Entity Tax Residency Self-Certification”.

If you are filling in this form on behalf of someone, please advise in what capacity you are signing in Section D e.g. custodian or nominee of an account on behalf of the account holder, or power of attorney. A legal guardian should complete the form on behalf of a minor.

Please initial any amendments or changes and the bottom of each page.

INVESTOR DETAILS						Section A				
Individual										
Investor number: (for office use only)										
Title:		Surname:								
First Name(s):										
Place of Birth:		Date of Birth:	d	d	m	m	y	y	y	y
Country:										
Physical Address:										
						Code:				

FATCA DECLARATION						Section B	
U.S. Citizenship / U.S. Residence for Tax Purposes							
Please select either (a) or (b)							
<input type="checkbox"/>	(a) I confirm that I am (the investor is) a U.S. citizen and/or resident in the U.S. for tax purposes and the U.S. federal taxpayer identifying number (U.S. TIN) is as follows:						

**OR**

<input type="checkbox"/>	(b) I confirm that I am not (the investor is not) a U.S. citizen or resident in the U.S. for tax purposes.						
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**CRS DECLARATION OF TAX RESIDENCY**

**Section C**

Please indicate your/the investor's country of tax residence (if resident in more than one country please detail all countries of tax residence and associated taxpayer identification numbers 'TIN').

**Country of Tax Residency**

NOTE: Provision of a TIN is required unless you are tax resident in a jurisdiction that does not issue a TIN.

Tax Identification Number(s)	Country of Issue

**DECLARATIONS AND UNDETAKINGS**

**Section D**

**Declaration**

- I/ We declare (as an authorized signatory) that the information provided in this form is, to the best of my/our knowledge and belief, accurate and complete.
- I acknowledge that the information contained in this form and information regarding the account holder may be reported to the tax authorities of the county in which this account/s is/are maintained and exchanged with tax authorities of another country or countries in which the account holder may be tax resident where those countries (or tax authorities in those countries) have entered into agreements to exchange financial account information.
- I/We undertake to advise the recipient promptly and provide an updated Self-Certification form where any change in circumstances occur which causes any of the information contained in this form to be incorrect.

Authorised Signature(s):										
Name of Signatory:										
Place:		Date:	d	d	m	m	y	y	y	y