MONEY BETTER

# JOINT ACCOUNT
# APPLICATION FORM

**INSTRUCTIONS FOR COMPLETION**

- Before completing this application form, please ensure that you have obtained and read the information regarding the products and services provided by SCM DMA (Pty) Ltd ("DMA") and all relevant terms and policies made available and updated from time to time on our website www.dma.co.za including DMA's Privacy Notice. Once completed, this form and your supporting documents should be sent to DMA at the business address below or alternatively please email a scanned copy to: **applications@dma.co.za Please refer to the below list of KYC documents which will be required.**
- PLEASE COMPLETE THE FORM IN BLOCK LETTERS AND IN BLACK OR BLUE INK.
  ALL ITEMS MARKED WITH * **MUST BE COMPLETED.**
- Submit the signed form along with a Client Application Form for each Joint Account Holder.

**REQUIREMENTS FOR JOINT ACCOUNTS:**

- Each Applicant may only establish one Joint Account with SCM DMA (Pty) Ltd "(DMA)".
- A minimum of two individuals.
- The individuals must be lawfully married to each other.
- Clients need to be of the same tax residence.

**Please note that DMA has a minimum deposit of R2 000 000 for joint accounts.**

## JOINT ACCOUNT HOLDER 1

| | |
|---|---|
| Full Name: | |
| Personal Identity Number: | |

## JOINT ACCOUNT HOLDER 2

| | |
|---|---|
| Full Name: | |
| Personal Identity Number: | |

(hereinafter referred to as **"Joint Account Holder(s)"**). Please state the relationship between the Joint Account Holders:

## Power of Attorney

The Joint Account Holders hereby grant Power of Attorney to each other to individually perform all transactions and legal acts under the General Business Terms with DMA **as if they were performed by the Joint Account Holders acting together.**

In consideration of the above, the Joint Account Holders both understand and agree that:

1. DMA may accept from any Joint Account Holder, without any further inquiry or investigation, any order for the purchase and sale of securities, derivatives, foreign exchange and any other property in the Joint Account(s) on margin or otherwise;
2. DMA may accepts from any Joint Account Holder, without any inquiry or investigation, any order regarding transfer of funds to the credit or debit of the Joint Account(s);
3. DMA shall have no additional responsibility or liability (apart from those stated in the General Business Terms) when following the instructions of any Joint Account Holder;
4. DMA is under no duty to supervise or otherwise know or review the trading practices or transfers or any other acts of any Joint Account Holder;
5. DMA is allowed to reveal all information about the Joint Account(s) to any Joint Account Holder and thus, for instance, send a copy of any and all transaction notes, account statements etc. to any Joint Account Holder on their request;
6. DMA may establish internet trading facilities according to the instructions of any Joint Account Holder and thus enable any Joint Account Holder to execute trades on the Joint Account on behalf of another Joint Account Holder on any internet trading platform provided by DMA;
7. DMA will treat the Joint Account Holders as having equal ownership in common to the instruments kept in the joint account and will thus not segregate the assets on the account among the Joint Account Holders on either Joint Account Holders individual instruction;
8. Should one of the Joint Account Holders pass away, the Joint Account will be frozen pending instructions from a duly appointed executor of the deceased estate;
9. Transfers of assets into and out of the Joint Account are limited. Consult a DMA representative for further information.

This Power of Attorney shall remain in effect until terminated in writing by either one of the Joint Account Holders and confirmed in writing by DMA. This Power of Attorney shall be governed by and construed in accordance with South African law. Each party irrevocably agrees that the courts of South Africa shall have exclusive jurisdiction to determine any proceedings.

## Nature

We declare that we act in our own names as specified above and not on behalf of third parties in respect of all matters related to this client relationship and that, accordingly, all funds to be deposited and traded on the account with DMA are our own funds, either jointly or individually.

### Joint Account Holder 1:

Full Name: Signature:

Date: / / 2024

### Joint Account Holder 2:

Full Name: Signature:

Date: / / 2024

For any questions related to the completion of this form or other required documents, please contact us on +27 (0)10 201 6300 or visit Accounts FAQ on www.dma.co.za

MONEY BETTER

# INDIVIDUAL CLIENT
## APPLICATION FORM - INDIVIDUAL 1

**INSTRUCTIONS FOR COMPLETION**

Before completing this application form, please ensure that you have obtained and read the information regarding the products and services provided by SCM DMA (Pty) Ltd ("DMA") and all relevant terms and policies made available and updated from time to time on our website www.dma.co.za including DMA's Privacy Notice. Once completed, this form and any supporting documents should be sent to DMA at the business address below or alternatively please email a scanned copy to: **applications@dma.co.za**

/ PLEASE COMPLETE THE FORM IN BLOCK LETTERS AND IN BLACK OR BLUE INK.
ALL ITEMS MARKED WITH * **MUST BE COMPLETED.**

**To comply with the Foreign Account Tax Compliance Act (FATCA), DMA is required to obtain a US tax certificate (W-8 or W-9 series as appropriate) from all clients. Without the appropriate tax certificate in place we will not be able to provide an account.**

**For an overview of all available forms, DMA strongly recommends that you visit the IRS website or consult your external tax advisor.**

# JOINT ACCOUNT
## APPLICATION FORM & POA

## PART 1: Personal Details

**All items with * must be provided.**

**NAME AS ON IDENTITY DOCUMENT/PASSPORT**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *Title: | Mr | | Mrs | | Miss | | Ms | | Dr | | Other (Please specify): | |

| | | | |
|---|---|---|---|
| *Forenames: (as on identity document/passport) | | | |
| *Surname: | | | |
| *ID/Passport No.: | | *Town/City of birth: | |
| *Date of birth: | / / 1980 | *Country of birth: | |
| *Nationality | | *SA Tax No.: | |
| *US Tax Identification No.: (if applicable) | | *Other Tax Identification No.: (if applicable) | |

| *Which countries are you resident in for tax purposes? Please list all: | *Do you hold multiple nationalities? If so, please list: |
|---|---|
| | |

**If you have been at your current address for less than 3 years, please also provide your previous address**

| *Current Residential Address: | | *Previous Residential Address: | |
|---|---|---|---|
| *Flat No./Building Name: | | *Flat No./Building Name: | |
| *House Name/No. & Street: | | *House Name/No. & Street: | |
| *Town/City: | | *Town/City: | |
| *Province | | *Province: | |
| *Postal Code: | | *Postal Code: | |
| *Country | | *Country | |

| Please state the currency of the main account: | *The default currency will be ZAR if this is left blank.*<br>*The account will be opened onshore where products are exclusively JSE listed.*<br>*Exchange Control Regulations apply.* |
|---|---|
| | |

## PART 2: Contact Details

**All items with * must be provided.**

| | |
|---|---|
| *Cell Number.: (including country) | |
| Secondary Telephone No.: (including country and area code) | |
| *Email Address: | |

## PART 3: Sources of Funds & Employment Details

**All items with * must be provided.**

***Please indicate all source(s) of your funds for trading:**
(select by ticking all that apply)

- ☐ Employment
- ☐ Pension(s)
- ☐ Inheritance
- ☐ Self-employed business
- ☐ Savings & Investments only
- ☐ Other, please detail:

*Employer Name:

*Nature of Business:

*Job Title:

If you have indicated that a source of funds is "Self-employed", please confirm the business details.

*Business Name

*Estimated Annual Turnover:

*Nature of Business:

## PART 4: Financial Details

**All items with * must be provided.**

**Please include the currency of the financial details given below:**

*Monthly income after tax:

*Monthly outgoings:
(living expenses, mortgage & other payments)

*Estimated value of all savings & investments:
(i.e. excluding any property ownership value)

*Estimated value of investment with DMA over next 3 years, inclusive of initial deposit:

## PART 5: Trading Knowledge & Experience

**All items with * must be provided.**

*How long have you continuously traded financial products on an execution-only basis?

☐ Less than 1 year ☐ 1 - 5 years ☐ More than 5 years

*Do you have an industry recognised qualification for the type of trading that you intend to carry out with us?

☐ Yes ☐ No

*Do you work, or have you worked in the financial sector for at least one year in a professional position which requires knowledge of the nature and risk involved in the type of trading that you intend to carry out with us?

☐ Yes ☐ No

*Please indicate the number of trades you have undertaken in each of the following products on an execution-only basis during the last 12 months?

| APPROXIMATE NON-MARGINED PRODUCTS | | MARGINED PRODUCTS | |
|---|---|---|---|
| Shares: | | FX Rolling Spot: | |
| ETFs & ETCs: | | Options & Futures: | |
| Gilts & Bonds: | | CFDs: | |
| | | Financial Spreads Bets: | |

## PART 6: Bank Details

**All items with * must be provided.**

**THE FOLLOWING BANK DETAILS WILL BE USED FOR DEPOSITS AND WITHDRAWALS INTO AND OUT OF DMA.**

| | |
|---|---|
| *Account Name: | |
| *Bank Name: | |
| *Bank Address: | |
| *Swift ID (BIC): | |
| *Clearing Code: | |
| *Branch Name (or city): | |
| *Account Number or IBAN: | |

**DMA does not accept or make 3rd party payments. Third Party deposits received will be returned to remitter by our banking partner per our General Business Terms.**

**Please submit a suitable proof of bank account in the form of a letter from the bank or statement reflecting account name and number in Applicant name.**

## PART 7: Signature & Declarations

**All items with * must be provided.**

### Data Protection:

By signing this document you confirm that you have read, understand and agree to DMA's Privacy Notice. If there is information pertaining to minor's provided to DMA herein, you confirm that you are a competent person and/or hold the requisite authority to provide DMA with such information for processing. To comply with anti-money laundering and terrorist financing regulations, DMA is required to collect information and to undertake checks on your identity and residential address, including accessing and using information held in a database or other electronic format through other agencies. In carrying out electronic verifications, other agencies may retain a record of the enquiry and information given to them. DMA may also request further supporting documentation from you to verify these details. Your information may be disclosed to law enforcement agencies and other relevant organisations for crime detection and prevention purposes. DMA will add your personal data and details (including email details) to the database of DMA which includes entities that are outside the EEA. A list of entities within the DMA Group can be found on www.dma.co.za. DMA may exchange information or share your personal data with the entity or person who introduced you to us in order to provide the service to you. DMA may occasionally contact you by email or telephone to give information about products and services offered that are similar or related to the products and services provided or previously provided to you. If you do not consent to the use of your personal data in this way, we are unable to consider your application. By submitting the completed application form to us, you consent to the use of your information as indicated.

### Declaration:

**I declare that:**

- I have read and understood the nature and the risk of the product(s) intended to be traded in this account;
- I act in my name as specified on this application form and not on behalf of another party in respect of all matters related to this account.
- Accordingly, all funds to be deposited and transacted on the account are my own;
- I am not aware of any health or other conditions that may affect the proper operation of the account by me;
- I have provided true, accurate and complete information and undertake to update DMA of any changes to the information provided without delay when changes occur;
- I accept that in certain circumstances DMA will be obliged to share information with tax authorities in terms of law, who may pass it on to other tax authorities;
- I have obtained from the website (www.dma.co.za), read and understood the following:
    1. The General Business Terms (including the product risks disclosure detailed in Schedule 1 to the General Business Terms),
    2. DMA Privacy Notice
    3. Order Execution Policy,
    4. Conflict of Interest Policy,
    5. Commission, Charges & Margin Schedule,
    6. Market Conduct Information.
- I consent to the Order Execution Policy and for any orders to be executed outside a regulated market or a multilateral trading facility;
- I consent for any of unexecuted limit orders not to be made public; and,
- I accept and agree to be bound by the terms provided above and consent to such terms and information including future updates to these be provided to me by way of posting on the website indicated above.

| | | | |
|---|---|---|---|
| *Full Name: | | Signature: | |
| *Date: | / / 2024 | | |

## FORM DTD (EX): DIVIDENDS TAX - Declaration & Undertaking to be made by the beneficial owner of a dividend (EXEMPTION FROM TAX)

**ONLY COMPLETE IF APPLICABLE (Please seek independent tax advice).**

NOTES ON COMPLETION OF THIS FORM:

- This form is to be completed by the beneficial owner (of dividends, including dividends in specie) in order for the exemptions from dividends tax referred to in section 64F read with sections 64FA(2), 64G(2) or 64H(2)(a) of the Income Tax Act, 1962 (Act No 58 of 1962) (the Act) to apply.
- In order to qualify for an exemption this declaration and written undertaking should be submitted to the withholding agent (declaring company or regulated intermediary) within the period required by the latter (provided it is before payment of an affected dividend) - failure to do so will result in the full % dividends tax being withheld/payable.

*Non-South African residents should not complete this form.*

### PART A: Withholding Agent

(This part is pre-populated by the regulated intermediary)

| | |
|---|---|
| Registered name: | **SCM DMA (Pty) Ltd.** |
| Dividends tax reference number: | **9265440173** |
| Address: | 48 7th Ave<br>Parktown North<br>Johannesburg<br>2193 |
| Telephone number: | +27 (0)10 201 6300 |
| E-mail: | applications@dma.co.za |

## PART B: Beneficial owner

**(This part is to be completed by the person entitled to the benefit of the dividend attaching to a share/s)**

Full names & surname / registered name:

Entity number (if applicable):

Nature of person/entity (select the correct option):

- ☐ An individual
- ☐ Listed company
- ☐ Unlisted Company
- ☐ Trust (any type)
- ☐ RSA Government, Provincial Administration, Municipalities
- ☐ Retirement Fund (Pension, Provident, Benefit, RA etc.)
- ☐ Other

If you selected "Other", please provide a description/explanation of nature of the entity/person:

Identity/Passport/Registration number:

Date of birth/inception:

South African income tax reference number:

Physical address:

Postal Code:

Postal address:

Postal Code:

Country in which resident for tax purposes:

## PART C: Exemption

**(This part is to be completed by the person entitled to the benefit of the dividend attaching to a share/s)**

**Please indicate the reason why the beneficial owner is exempt from the dividends tax (select the correct option):**

Par (a) – A company which is resident in South Africa ☐

Par (b) – The Government, provincial government or municipality (of the Republic of South Africa) ☐

Par (c) – A public benefit organisation (approved by SARS in terms of section 30(3) of the Act) ☐

Par (d) – A trust contemplated in section 37A of the Act (mining rehabilitation trusts) ☐

Par (e) – An institution, body, or board contemplated in section 10(1)(cA) of the Act ☐

Par (f) – A fund contemplated in section 10(1)(d)(i) or (ii) of the Act (pension fund, pension preservation fund, provident fund, provident preservation fund, retirement annuity fund, beneficiary fund or benefit fund) ☐

Par (g) – A person contemplated in section 10(1)(t) of the Act (CSIR, SANRAL etc.) ☐

Par (h) – A shareholder in a registered micro business as defined in the Sixth Schedule to the Act to the extent that the aggregate amount of the dividends paid by that registered micro business to its shareholders during the year of assessment in which that dividend is paid does not exceed R200,000 ☐

Par (i) – a small business funding entity as contemplated in section 10(1)(cQ) ☐

Par (j) – A person that is not a resident and the dividend is a dividend contemplated in paragraph (b) of the definition of "dividend" in section 64D (i.e. a dividend on a foreign company's shares listed in SA, such as dual-listed shares) ☐

Par (k) – A portfolio of investment schemes in securities ☐

Par (l) – Any person insofar as the dividend constitutes income of that person (i.e. falls into normal tax system) ☐

Par (m) – Any person to the extent that the dividend was subject to STC ☐

Par (n) – Fidelity and indemnity funds contemplated in section 10(1)(d)(iii) ☐

Par (w) – Real Estate Investment Trust (REIT) or controlled property company (cash) dividends ☐

Par (x) - Other ☐

## DECLARATION in terms of sections 64FA(1)(a)(i), 64G(2)(a)(aa) or 64H(2)(a)(aa) of the Act:

I (full names in print please), the undersigned, hereby declare that dividends paid to the beneficial owner is exempt, or would have been exempt had it not been a distribution of an asset in specie, from the dividends tax in terms of the paragraph of section 64F of the Act indicated above.

| | |
|---|---|
| Signature 1:<br>(Duly authorised to do so) | |
| Name: | |
| Capacity of Signatory:<br>(if not the beneficial owner): | |
| Date: | / / 2024 |

## UNDERTAKING in terms of sections 64FA(1)(a)(ii), 64G(2)(a)(bb) or 64H(2)(a)(bb) of the Act:

I (full names in print please), the undersigned, undertake to forthwith inform the Withholding Agent in writing should the circumstances of the beneficial owner referred to in the declaration above change.

| | |
|---|---|
| Signature 1:<br>(Duly authorised to do so) | |
| Name: | |
| Capacity of Signatory:<br>(if not the beneficial owner): | |
| Date: | / / 2024 |

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# INDIVIDUAL CLIENT
## APPLICATION FORM - INDIVIDUAL 2

**INSTRUCTIONS FOR COMPLETION**

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/ PLEASE COMPLETE THE FORM IN BLOCK LETTERS AND IN BLACK OR BLUE INK.
ALL ITEMS MARKED WITH * **MUST BE COMPLETED.**

**To comply with the Foreign Account Tax Compliance Act (FATCA), DMA is required to obtain a US tax certificate (W-8 or W-9 series as appropriate) from all clients. Without the appropriate tax certificate in place we will not be able to provide an account.**

**For an overview of all available forms, DMA strongly recommends that you visit the IRS website or consult your external tax advisor.**

# JOINT ACCOUNT
## APPLICATION FORM & POA

### PART 1: Personal Details

**All items with * must be provided.**

**NAME AS ON IDENTITY DOCUMENT/PASSPORT**

| | | | | | | | | | |
|---|---|---|---|---|---|---|---|---|---|
| *Title: | Mr | | Mrs | | Miss | | Ms | | Dr | | Other (Please specify): | |

| | | | |
|---|---|---|---|
| *Forenames: (as on identity document/passport) | | | |
| *Surname: | | | |
| *ID/Passport No.: | | *Town/City of birth: | |
| *Date of birth: | / / 1980 | *Country of birth: | |
| *Nationality | | *SA Tax No.: | |
| *US Tax Identification No.: (if applicable) | | *Other Tax Identification No.: (if applicable) | |

| *Which countries are you resident in for tax purposes? Please list all: | *Do you hold multiple nationalities? If so, please list: |
|---|---|
| | |

**If you have been at your current address for less than 3 years, please also provide your previous address**

| *Current Residential Address: | | *Previous Residential Address: | |
|---|---|---|---|
| *Flat No./Building Name: | | *Flat No./Building Name: | |
| *House Name/No. & Street: | | *House Name/No. & Street: | |
| *Town/City: | | *Town/City: | |
| *Province | | *Province: | |
| *Postal Code: | | *Postal Code: | |
| *Country | | *Country | |

Please state the currency of the main account:

*The default currency will be ZAR if this is left blank.*
*The account will be opened onshore where products are exclusively JSE listed.*
*Exchange Control Regulations apply.*

### PART 2: Contact Details

**All items with * must be provided.**

| | |
|---|---|
| *Cell Number.: (including country) | |
| Secondary Telephone No.: (including country and area code) | |
| *Email Address: | |

## PART 3: Sources of Funds & Employment Details

**All items with * must be provided.**

***Please indicate all source(s) of your funds for trading:**
(select by ticking all that apply)

- ☐ Employment
- ☐ Pension(s)
- ☐ Inheritance
- ☐ Self-employed business
- ☐ Savings & Investments only
- ☐ Other, please detail:

*Employer Name:

*Nature of Business:

*Job Title:

If you have indicated that a source of funds is "Self-employed", please confirm the business details.

*Business Name

*Estimated Annual Turnover:

*Nature of Business:

## PART 4: Financial Details

**All items with * must be provided.**

**Please include the currency of the financial details given below:**

*Monthly income after tax:

*Monthly outgoings:
(living expenses, mortgage & other payments)

*Estimated value of all savings & investments:
(i.e. excluding any property ownership value)

*Estimated value of investment with DMA over next 3 years, inclusive of initial deposit:

## PART 5: Trading Knowledge & Experience

**All items with * must be provided.**

*How long have you continuously traded financial products on an execution-only basis?

☐ Less than 1 year ☐ 1 - 5 years ☐ More than 5 years

*Do you have an industry recognised qualification for the type of trading that you intend to carry out with us?

☐ Yes ☐ No

*Do you work, or have you worked in the financial sector for at least one year in a professional position which requires knowledge of the nature and risk involved in the type of trading that you intend to carry out with us?

☐ Yes ☐ No

*Please indicate the number of trades you have undertaken in each of the following products on an execution-only basis during the last 12 months?

| APPROXIMATE NON-MARGINED PRODUCTS | | MARGINED PRODUCTS | |
|---|---|---|---|
| Shares: | | FX Rolling Spot: | |
| ETFs & ETCs: | | Options & Futures: | |
| Gilts & Bonds: | | CFDs: | |
| | | Financial Spreads Bets: | |

## PART 6: Bank Details

**All items with * must be provided.**

**THE FOLLOWING BANK DETAILS WILL BE USED FOR DEPOSITS AND WITHDRAWALS INTO AND OUT OF DMA.**

| | |
|---|---|
| *Account Name: | |
| *Bank Name: | |
| *Bank Address: | |
| *Swift ID (BIC): | |
| *Clearing Code: | |
| *Branch Name (or city): | |
| *Account Number or IBAN: | |

**DMA does not accept or make 3rd party payments. Third Party deposits received will be returned to remitter by our banking partner per our General Business Terms.**

**Please submit a suitable proof of bank account in the form of a letter from the bank or statement reflecting account name and number in Applicant name.**

## PART 7: Signature & Declarations

**All items with * must be provided.**

### Data Protection:

By signing this document you confirm that you have read, understand and agree to DMA's Privacy Notice. If there is information pertaining to minor's provided to DMA herein, you confirm that you are a competent person and/or hold the requisite authority to provide DMA with such information for processing. To comply with anti-money laundering and terrorist financing regulations, DMA is required to collect information and to undertake checks on your identity and residential address, including accessing and using information held in a database or other electronic format through other agencies. In carrying out electronic verifications, other agencies may retain a record of the enquiry and information given to them. DMA may also request further supporting documentation from you to verify these details. Your information may be disclosed to law enforcement agencies and other relevant organisations for crime detection and prevention purposes. DMA will add your personal data and details (including email details) to the database of DMA which includes entities that are outside the EEA. A list of entities within the DMA Group can be found on www.dma.co.za. DMA may exchange information or share your personal data with the entity or person who introduced you to us in order to provide the service to you. DMA may occasionally contact you by email or telephone to give information about products and services offered that are similar or related to the products and services provided or previously provided to you. If you do not consent to the use of your personal data in this way, we are unable to consider your application. By submitting the completed application form to us, you consent to the use of your information as indicated.

### Declaration:

**I declare that:**

- I have read and understood the nature and the risk of the product(s) intended to be traded in this account;
- I act in my name as specified on this application form and not on behalf of another party in respect of all matters related to this account.
- Accordingly, all funds to be deposited and transacted on the account are my own;
- I am not aware of any health or other conditions that may affect the proper operation of the account by me;
- I have provided true, accurate and complete information and undertake to update DMA of any changes to the information provided without delay when changes occur;
- I accept that in certain circumstances DMA will be obliged to share information with tax authorities in terms of law, who may pass it on to other tax authorities;
- I have obtained from the website (www.dma.co.za), read and understood the following:
    1. The General Business Terms (including the product risks disclosure detailed in Schedule 1 to the General Business Terms),
    2. DMA Privacy Notice
    3. Order Execution Policy,
    4. Conflict of Interest Policy,
    5. Commission, Charges & Margin Schedule,
    6. Market Conduct Information.
- I consent to the Order Execution Policy and for any orders to be executed outside a regulated market or a multilateral trading facility;
- I consent for any of unexecuted limit orders not to be made public; and,
- I accept and agree to be bound by the terms provided above and consent to such terms and information including future updates to these be provided to me by way of posting on the website indicated above.

| | | | |
|---|---|---|---|
| *Full Name: | | Signature: | |
| *Date: | / / 2024 | | |

## FORM DTD (EX): DIVIDENDS TAX - Declaration & Undertaking to be made by the beneficial owner of a dividend (EXEMPTION FROM TAX)

**ONLY COMPLETE IF APPLICABLE (Please seek independent tax advice).**

NOTES ON COMPLETION OF THIS FORM:

- This form is to be completed by the beneficial owner (of dividends, including dividends in specie) in order for the exemptions from dividends tax referred to in section 64F read with sections 64FA(2), 64G(2) or 64H(2)(a) of the Income Tax Act, 1962 (Act No 58 of 1962) (the Act) to apply.
- In order to qualify for an exemption this declaration and written undertaking should be submitted to the withholding agent (declaring company or regulated intermediary) within the period required by the latter (provided it is before payment of an affected dividend) - failure to do so will result in the full % dividends tax being withheld/payable.

*Non-South African residents should not complete this form.*

### PART A: Withholding Agent

(This part is pre-populated by the regulated intermediary)

| | |
|---|---|
| Registered name: | **SCM DMA (Pty) Ltd.** |
| Dividends tax reference number: | **9265440173** |
| Address: | 48 7th Ave<br>Parktown North<br>Johannesburg<br>2193 |
| Telephone number: | +27 (0)10 201 6300 |
| E-mail: | applications@dma.co.za |

## PART B: Beneficial owner

**(This part is to be completed by the person entitled to the benefit of the dividend attaching to a share/s)**

Full names & surname / registered name:

Entity number (if applicable):

Nature of person/entity (select the correct option):

- ☐ An individual
- ☐ Listed company
- ☐ Unlisted Company
- ☐ Trust (any type)
- ☐ RSA Government, Provincial Administration, Municipalities
- ☐ Retirement Fund (Pension, Provident, Benefit, RA etc.)
- ☐ Other

If you selected "Other", please provide a description/explanation of nature of the entity/person:

Identity/Passport/Registration number:

Date of birth/inception:

South African income tax reference number:

Physical address:

Postal Code:

Postal address:

Postal Code:

Country in which resident for tax purposes:

## PART C: Exemption

**(This part is to be completed by the person entitled to the benefit of the dividend attaching to a share/s)**

**Please indicate the reason why the beneficial owner is exempt from the dividends tax (select the correct option):**

Par (a) – A company which is resident in South Africa ☐

Par (b) – The Government, provincial government or municipality (of the Republic of South Africa) ☐

Par (c) – A public benefit organisation (approved by SARS in terms of section 30(3) of the Act) ☐

Par (d) – A trust contemplated in section 37A of the Act (mining rehabilitation trusts) ☐

Par (e) – An institution, body, or board contemplated in section 10(1)(cA) of the Act ☐

Par (f) – A fund contemplated in section 10(1)(d)(i) or (ii) of the Act (pension fund, pension preservation fund, provident fund, provident preservation fund, retirement annuity fund, beneficiary fund or benefit fund) ☐

Par (g) – A person contemplated in section 10(1)(t) of the Act (CSIR, SANRAL etc.) ☐

Par (h) – A shareholder in a registered micro business as defined in the Sixth Schedule to the Act to the extent that the aggregate amount of the dividends paid by that registered micro business to its shareholders during the year of assessment in which that dividend is paid does not exceed R200,000 ☐

Par (i) – a small business funding entity as contemplated in section 10(1)(cQ) ☐

Par (j) – A person that is not a resident and the dividend is a dividend contemplated in paragraph (b) of the definition of "dividend" in section 64D (i.e. a dividend on a foreign company's shares listed in SA, such as dual-listed shares) ☐

Par (k) – A portfolio of investment schemes in securities ☐

Par (l) – Any person insofar as the dividend constitutes income of that person (i.e. falls into normal tax system) ☐

Par (m) – Any person to the extent that the dividend was subject to STC ☐

Par (n) – Fidelity and indemnity funds contemplated in section 10(1)(d)(iii) ☐

Par (w) – Real Estate Investment Trust (REIT) or controlled property company (cash) dividends ☐

Par (x) - Other ☐

## DECLARATION in terms of sections 64FA(1)(a)(i), 64G(2)(a)(aa) or 64H(2)(a)(aa) of the Act:

I (full names in print please), the undersigned, hereby declare that dividends paid to the beneficial owner is exempt, or would have been exempt had it not been a distribution of an asset in specie, from the dividends tax in terms of the paragraph of section 64F of the Act indicated above.

| | |
|---|---|
| Signature 1:<br>(Duly authorised to do so) | |
| Name: | |
| Capacity of Signatory:<br>(if not the beneficial owner): | |
| Date: | / / 2024 |

## UNDERTAKING in terms of sections 64FA(1)(a)(ii), 64G(2)(a)(bb) or 64H(2)(a)(bb) of the Act:

I (full names in print please), the undersigned, undertake to forthwith inform the Withholding Agent in writing should the circumstances of the beneficial owner referred to in the declaration above change.

| | |
|---|---|
| Signature 1:<br>(Duly authorised to do so) | |
| Name: | |
| Capacity of Signatory:<br>(if not the beneficial owner): | |
| Date: | / / 2024 |