

# ANNEXURE B

## ADDITIONAL COMPULSORY INFORMATION

Details of all authorised representatives, the chief executive officer, managing director, all member(s), all partner(s), person(s) exercising executive control, founder, all trustees, all identifiable beneficiaries and shareholders holding 25% or more of the voting rights must be inserted below. (Please fill out a separate Annexure B form for each person/entity)

PLEASE TICK THE RELEVANT CATEGORY

- |   |  |                                      |
|---|--|--------------------------------------|
| <input type="checkbox"/> Chief Executive Officer or Managing Director         | <input type="checkbox"/> Authorised Representative/Signatory | <input type="checkbox"/> Founder     |
| <input type="checkbox"/> Persons exercising executive control                 | <input type="checkbox"/> Member                              | <input type="checkbox"/> Trustee     |
| <input type="checkbox"/> Shareholder holding 25% or more of the voting rights | <input type="checkbox"/> Partner                             | <input type="checkbox"/> Beneficiary |

\* Please note that we may request additional details/documentation to determine the ultimate beneficial owners of the investment.

### SECTION 1 | INFORMATION

#### 1.1 | NATURAL PERSONS DETAILS

Title:	<input type="text"/>	Surname:	<input type="text"/>	Full Name(s):	<input type="text"/>
Capacity:	<input type="text"/>	Date of Birth (DD/MM/YYYY):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Gender:	Male <input type="checkbox"/>	Female <input type="checkbox"/>	ID or Passport Number (Foreign National):	<input type="text"/>	<input type="text"/>
Nationality:	<input type="text"/>	Passport Expiry Date (DD/MM/YYYY):	<input type="text"/>	<input type="text"/>	<input type="text"/>
Physical Address:	<input type="text"/>				
	<input type="text"/>	Code:	<input type="text"/>		
Telephone (Home or Mobile) :	<input type="text"/>	Email Address:	<input type="text"/>		
* Please indicate the % of shareholding if a shareholder (Only if applicable):	<input type="text"/>				

#### COMPULSORY TAX INFORMATION

Tax Reference Number:	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>
Tax Residency/Obligations	1. <input type="text"/>	2. <input type="text"/>	3. <input type="text"/>

If you are unable to provide a tax identification number, please can you give a reason:

#### 1.2 | LEGAL ENTITY DETAILS

Registered Name:	<input type="text"/>				
Trading Name:	<input type="text"/>	Country of Residence for Tax Purposes:	<input type="text"/>		
Registration Number:	<input type="text"/>	Date of Inception:	<input type="text"/>	<input type="text"/>	<input type="text"/>
Business Address:	<input type="text"/>				
	<input type="text"/>	Code:	<input type="text"/>		
Contact Person :	<input type="text"/>	Capacity:	<input type="text"/>		
Telephone (Work or Mobile) :	<input type="text"/>	Email Address:	<input type="text"/>		
* Please indicate the % of shareholding if a shareholder (Only if applicable):	<input type="text"/>				

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