FOCUS ACCOUNT PERSONAL APPLICATION FORM
FOR CLIENTS INTRODUCED BY
APPROVED ADVISER COMPANIES ONLY

NEDBANK PRIVATE WEALTH
SINCE 1834

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 +44 (0)1624 645800.

ADVISER COMPANY NAME	

1. ACCOUNT LOCATION

☐ ISLE OF MAN ☐ JERSEY ☐ LONDON

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

2. ABOUT YOU ("THE ACCOUNTHOLDER")

	FIRST APPLICANT		SECOND APPLICANT (if applicable)	
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)	☐ NOT APPLICABLE		☐ NOT APPLICABLE	
RELATIONSHIP BETWEEN APPLICANTS (joint accounts only)				
EXISTING NEDBANK PRIVATE WEALTH ACCOUNT NUMBER (if any)				
TELEPHONE NUMBER (HOME)	+		+	
MOBILE NUMBER for SMS text communication and online banking	+		+	
EMAIL ADDRESS required for online banking				
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 14 "Documentation Required" for guidance.)				
DETAILS OF ANY PUBLIC OR HIGH PROFILE POSITIONS HELD				

Tax residency – Tax regulations require us to collect certain information about each accountholder'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.

	FIRST APPLICANT	SECOND APPLICANT (if applicable)
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.		

Please note: To help fight against tax evasion, governments around the world have introduced an information-gathering and reporting requirement for financial institutions. This is known as the Common Reporting Standard (CRS). Individuals resident in a CRS jurisdiction will have their details forwarded to the tax authorities.

U.S. citizenship

ARE YOU OR HAVE YOU EVER BEEN A U.S. CITIZEN?	☐ YES ☐ NO	☐ YES ☐ NO

We will require all U.S. citizens and U.S. 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) under the Forms and Instructions section.

3. ABOUT WHERE YOU LIVE

	FIRST APPLICANT	SECOND APPLICANT (if applicable)
PERMANENT RESIDENTIAL ADDRESS (proof of address is required. Please refer to Section 14 "Documentation Required" for guidance)		
POSTCODE		
PERIOD AT PRESENT ADDRESS (in years)		
IF LESS THAN THREE YEARS, PLEASE STATE PREVIOUS ADDRESS(ES)		
POSTCODE		
ADDRESS FOR CORRESPONDENCE (if different from above)		
POSTCODE		

4. ABOUT WHAT YOU DO

	FIRST APPLICANT		SECOND APPLICANT (if applicable)	
EMPLOYMENT STATUS (please tick one)	☐ EMPLOYED ☐ SELF-EMPLOYED ☐ RETIRED (please answer all following questions for your former occupation) ☐ OTHER (please specify)		☐ EMPLOYED ☐ SELF-EMPLOYED ☐ RETIRED (please answer all following questions for your former occupation) ☐ OTHER (please specify)	
OCCUPATION				
NAME OF EMPLOYER/YOUR BUSINESS				
ADDRESS OF EMPLOYER/ YOUR BUSINESS				
POSTCODE				
BUSINESS TELEPHONE NUMBER	+		+	
NATURE OF BUSINESS AND JURISDICTIONS INVOLVED				
POSITION HELD				
HOW LONG HAVE YOU BEEN IN YOUR CURRENT OCCUPATION? (if retired, how long were you in your former occupation?)	YEARS	MONTHS	YEARS	MONTHS

If in current occupation or have been self-employed for less than three years, please give previous employment details:

NAME OF EMPLOYER/YOUR BUSINESS				
HOW LONG WERE YOU IN YOUR PREVIOUS OCCUPATION?	YEARS	MONTHS	YEARS	MONTHS

5. ABOUT YOUR FINANCES

Your income:

	FIRST APPLICANT	SECOND APPLICANT (if applicable)
GROSS ANNUAL SALARY/PENSION (£)	PER ANNUM	PER ANNUM
OTHER INCOME (£) (e.g. dividends, property rent etc, please provide details)	PER ANNUM	PER ANNUM

Your wealth:

Value of investments/accumulated wealth:

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

PROPERTY	AMOUNT £ DETAILS OF HOW ACCUMULATED	AMOUNT £ DETAILS OF HOW ACCUMULATED
OTHER	AMOUNT £ DETAILS OF HOW ACCUMULATED	AMOUNT £ DETAILS OF HOW ACCUMULATED

OVER WHAT PERIOD WAS YOUR WEALTH ACCUMULATED?	☐ 0-1 YEAR ☐ 1-10 YEARS ☐ 10-20 YEARS ☐ OVER LIFETIME	☐ 0-1 YEAR ☐ 1-10 YEARS ☐ 10-20 YEARS ☐ OVER LIFETIME
JURISDICTION(S) IN WHICH WEALTH ACCUMULATED		
HOW ARE YOUR INVESTMENTS HELD?	☐ IN OWN NAME ☐ CUSTODIAN	☐ IN OWN NAME ☐ CUSTODIAN
NAME OF CUSTODIAN/NOMINEE		

We reserve the right to request additional information and/or documentary evidence relating to source of wealth.

Current bank account:

NAME OF CURRENT BANK	
PERIOD OF TIME ACCOUNT HELD	

FURTHER INFORMATION

6. REASON FOR OPENING YOUR ACCOUNT

PLEASE STATE REASON FOR REQUIRING AN ACCOUNT	
IF YOU HAVE REQUESTED AN ACCOUNT OUTSIDE YOUR COUNTRY OF RESIDENCE, PLEASE INDICATE WHY YOU REQUIRE AN ACCOUNT IN THIS JURISDICTION	
PLEASE STATE WHAT THE ACCOUNT WILL BE USED FOR (please tick relevant boxes)	☐ SAVING ☐ DAY-TO-DAY ADMINISTRATION ☐ INVESTING ☐ OTHER (please give details)

7. 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

Please provide full source of funds information regarding the initial monies that will be transferred to the new account, ie, 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 (name of the account from which the initial deposit is being transferred)	
BANK NAME	
COUNTRY	

NEDBANK PRIVATE WEALTH
SINCE 1834

Account Activity

OTHER THAN THE INITIAL DEPOSIT, HOW MUCH DO YOU EXPECT TO PAY INTO THE ACCOUNT PER YEAR?	

Type and estimated number and value of transactions **over a 12 month period:**

Examples of type of account activity:

• Salary and living expenses • Investment dealing • Rent and property transactions

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

WHICH COUNTRIES WILL YOU NORMALLY BE TRANSFERRING FUNDS TO?	
WHICH COUNTRIES WILL YOU NORMALLY EXPECT FUNDS FROM?	

8. SERVICES REQUIRED

Please tick appropriate boxes to indicate the services that you require immediately. Focus consists of a wide range of individual services. You may at any time advise us that you wish to use other services.

CURRENCY IN WHICH YOUR ACCOUNT WILL BE REPORTED AND VALUED (tick one box only)	☐ STERLING ☐ US DOLLARS ☐ EURO ☐ OTHER (please specify)

Focus Account

Please note that Focus accounts will be opened in sterling, US dollar and euro. Please advise if you require additional currency accounts.

Additional interest bearing current account (if required):

OTHER CURRENCY REQUIRED	
DO YOU REQUIRE SEGREGATION OF INCOME RECEIVED?	☐ YES ☐ NO

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

Focus Investment Services

DO YOU INTEND TO USE THE FOCUS INVESTMENT SERVICES?	☐ YES ☐ NO
DO YOU INTEND TO HOLD U.S. SECURITIES THROUGH YOUR FOCUS ACCOUNT?	☐ YES ☐ NO

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

If you do not intend to hold US secuirties, 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.

9. VISA PLATINUM DEBIT CARD SERVICES

Please complete this section if you require one or more Visa Platinum debit cards.

	FIRST APPLICANT	SECOND APPLICANT (if applicable)
IN WHICH CURRENCY/CURRENCIES DO YOU REQUIRE YOUR VISA PLATINUM DEBIT CARD(S) TO BE ISSUED?	☐ STERLING ☐ US DOLLARS ☐ EURO	☐ STERLING ☐ US DOLLARS ☐ EURO

The PIN number(s) for your Visa Platinum debit card(s) will be made available to you through our mobile app.

Basic criteria required for Visa applications to be considered:

Visa Platinum debit card transactions will be debited from your Focus account.

Please see our tariff of charges for any associated Visa Platinum debit card charges, available on our website www.nedbankprivatewealth.com.

The following information is required to ensure that you can be correctly identified when contacting us about your Visa Platinum debit card(s). Please answer the following in BLOCK CAPITALS in the spaces only, providing a one word answer where possible.

FIRST APPLICANT

1 FAVOURITE SUBJECT AT SCHOOL	
2 FIRST NAME OF YOUR CLOSEST FRIEND	
3 FAVOURITE HOLIDAY	

SECOND APPLICANT (if applicable)

1 FAVOURITE SUBJECT AT SCHOOL	
2 FIRST NAME OF YOUR CLOSEST FRIEND	
3 FAVOURITE HOLIDAY	

10. ADVISER COMPANY AUTHORISATION

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.

ADVISER COMPANY NAME	
ADVISER NAME	
DO YOU WISH US TO SEND COPY STATEMENTS OF YOUR ACCOUNT TO YOUR ADVISER COMPANY?	☐ YES ☐ NO
DO YOU WISH US TO DIVULGE INFORMATION ABOUT YOUR ACCOUNT TO YOUR ADVISER COMPANY, AND PROVIDE THEM WITH VIEW-ONLY ONLINE ACCESS?	☐ YES ☐ NO
DO YOU WISH US TO ACCEPT INVESTMENT INSTRUCTIONS FROM A THIRD PARTY? If yes, please complete and sign a mandate 'Focus mandate appointing a third party adviser to give investment instructions only'.	☐ YES ☐ NO

11. YOUR INSTRUCTIONS AND REQUESTS FOR INFORMATION

Security password for your telephone calls

Please complete the Security Password Mandate which will be supplied separately once your application has been received, and send it to us in the post at your earliest convenience.

We will accept your security password as specified as authorisation for enquiries, investment transaction instructions and foreign exchange instructions via the telephone. We will ask you for selected characters from your security password.

Telephone instructions and requests for information will only be accepted if we can adequately identify the caller as the accountholder.

12. SECURE ONLINE AND MOBILE ACCESS TO YOUR ACCOUNT

To make payments, transfers and foreign exchange, and to view PIN number(s) linked to your Visa Platinum debit card(s) please apply for our online wealth services. You can access your accounts via online banking and our mobile app.

Online wealth services require you to provide a valid email address and mobile telephone number, which we may use for online payment authentication. Please ensure you have provided both of these in section 2.

Please note: For joint accounts each accountholder must include a separate and unique email address.

Please tick this box to apply for online wealth services.

FIRST APPLICANT	☐
SECOND APPLICANT (if more than two parties to the account require online access, please request additional forms)	☐

* Please note: Access to the mobile app and transactional online banking is subject to the signatory arrangements agreed in your account mandate. Mobile and transactional online banking is only available to joint accountholders, but you may still apply for access to view your account(s) online or via the mobile app.

Statements and Visa Platinum debit card management

The online wealth services display all historical transactions, and include a Document Store where you can view and download statements and valuations. Visa Platinum debit card PINs are available in the mobile app. Therefore, you accept that you will not receive the following items by post:

1. Bank statements and valuations
2. Any credit and foreign exchange advices or deposit confirmations
3. Visa Platinum debit card PINs

You may download and print a copy of your statements and valuations if you have access to a printer. If you request us to print and send copies of these documents, we will charge you £5 per sheet.

Please note: If you have a joint account and one accountholder enrols for online wealth services, then neither of you will receive statements and valuations, or credit and foreign exchange advices, or deposit confirmations on your joint account by post.

By completing the information in this section, you hereby request us to provide the above applicant(s) with online wealth and mobile app access to your Nedbank Private Wealth account. You agree that your signature(s) to this application shall be your acknowledgement that:

(i) you have received a copy of the relevant Nedbank Private Wealth Focus Terms and Conditions and agree to be bound by them;

(ii) you have read a copy of the Online Wealth and Mobile App Services Terms and Conditions found on our website www.nedbankprivatewealth.com and agree to be bound by them;

(iii) you have read the Privacy Policy and Legal Notices pages, links for which are found at the bottom of our home page at www.nedbankprivatewealth.com, and agree to be bound by their contents;

(iv) you have been advised not to write down or disclose your security details to anyone. If you suspect that anyone else may know your security details, you will contact us immediately;

and

(v) you agree to notify us of any changes to your email address or mobile telephone numbers.

Please note: you are advised to check your account(s) online or on your mobile device monthly and inform us immediately if any discrepancies are found.

Upon receipt of your completed application form, an email will be sent to the email address(es) provided in section 2, confirming your username and providing instructions on how to access the online wealth services.

13. YOUR SIGNATURES

Please read the following statements and sign in the space provided:

You are (both) aged 18 or over.

You hereby request us to open an account in your name(s) and until we receive written notice to the contrary from you, you authorise us:

1. to pay and debit your account(s) for the time being opened with us in your name(s) all cheques or other instructions or receipts for money signed by you notwithstanding that such payments may cause the account(s) to be overdrawn or increase an existing overdraft;
2. to accept remittances for the credit of your account(s) tendered to us in your name or in the name of any one of you; and
3. to deliver up anything held by us by way of security, safe custody, collection or any other purpose whatsoever on your account(s) against the written receipt or instruction of you.

You agree that your signature(s) to this individual application shall be your acknowledgement that:

1. You have received a copy of the Focus Account Terms and Conditions and agree to be bound by them;
2. The Terms and Conditions as amended from time to time shall form an agreement between you and us as if incorporated herein. Any changes to the above will be advised to you immediately;
3. 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.
4. 'Order Execution' acknowledgement: You acknowledge that you have received a copy of our 'Order Execution Policy' and agree to be bound by it;
5. You authorise us to obtain independent verification of any data provided by you;
6. You authorise us to disclose the information contained in this form in the circumstances provided in the Terms and Conditions;

and

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

Joint accounts only

Where this mandate is signed by more than one person, you acknowledge that:

1. **We shall act in accordance with notices, instructions, receipts, requests and instruments executed by any one of you;**
2. The liability of each such person (whether or not a signatory to the account(s)) shall be joint and several;
3. We shall on the death of any one of you hold to the order of the survivor(s) of you any money for the time being standing to the credit of your account(s) and any other asset whatsoever held by it on your behalf; and
4. You hereby waive your statutory right to receive two separate statements of account and request that statements be sent to the first named applicant (unless you have applied for online banking in section 12, therefore waiving your right to all statements).

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. 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. ☐

Please check the box if you want to subscribe to our e-newsletters / educational updates in the future. ☐
You can unsubscribe at any time.

Please check the box if you are happy to receive our marketing communications in the future. ☐
You can unsubscribe at any time.

Certification

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

Sign below only if you want to be legally bound by the Terms and Conditions of this account.

	FIRST APPLICANT	SECOND APPLICANT (if applicable)
NAME		
SIGNATURE		
DATE (DD/MM/YYYY)		

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).

14. DOCUMENTATION REQUIRED

IMPORTANT – Documents required for all accounts

We are required to confirm the identity and address of all clients opening bank accounts.

We therefore need the following documents which will be treated as confidential. All originals will be returned to you.

A copy of your passport(s), or a copy of your driving licence(s)* or a copy of any other government issued ID document bearing your photograph and signature certified by a suitable person ie, 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

An original utility 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 residential address (a certified copy is acceptable if completed as stated below).

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 ID card, 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.

15. YOUR CHECKLIST

- ☐ All relevant sections of the application form completed.
- ☐ 'Focus mandate appointing a third party adviser company to give investment instructions only' form (if applicable).
- ☐ Relevant W forms for US security trading.
- ☐ ID and address documents for all accountholders as stated in section 14.
- ☐ London accounts only - a signed 'UK Financial Services Compensation Scheme Information Form' is required to accompany the application form.
- ☐ Shareholder Rights Directive II Decision Maker Nomination Form if applicable

IMPORTANT – It is essential that the above items are enclosed in order for your application to be accepted. Your account will only be operational upon completion of our account opening formalities.

CONTINUED OVER

FOCUS ACCOUNT PERSONAL APPLICATION FORM
FOR INTRODUCED CLIENTS ONLY (APPROVED ADVISER COMPANIES ONLY)

Please note that additional information and/or further mandates may be required. 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

Please do not email your application form to us as your 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 to finalise account opening formalities.