



ANAAN

ASSET MANAGERS

AN AUTHORIZED FINANCIAL SERVICE PROVIDER

This letter's content is confidential and only for the addressee.

SOURCE OF FUNDS

(You can make your own source of funds document available, but we need the following minimum information)

NATURAL PERSONS, (INCLUDING FOREIGN NATIONALS), SA COMPANY, CLOSE CORPORATION, FOREIGN COMPANY, OTHER LEGAL PERSONS, PARTNERSHIPS AND TRUSTS

Kindly complete the applicable sections below, being additional information required in terms of the Financial Intelligence Center Act, No 38 of 2001 (FIC Act), and forward this form with the application form to us to enable us to process the investment.

1. NATURAL PERSONS, (INCLUDING FOREIGN NATIONALS)

1.1 State occupation: _____

1.2 State employment sector: _____

1.3 State monthly income: _____

1.4 If Investor is a foreign national (non SA citizen and resident): State Nationality: _____

1.5 Please provide details of the activities that have generated the initial deposit and are likely to generate future deposits (e.g. transfer from existing bank account, salary, bonus, sale of investments or property, donation- in which case we need the FICA of the donor as well): _____

1.6 Explain how you accumulated your total wealth (e.g. earnings, inheritance, managing business): _____

2. SA COMPANY, CLOSE CORPORATION OR FOREIGN COMPANY

State type of business of company/close corporation: _____

Give as much detail as possible about the source of funds to be invested: _____

3. OTHER LEGAL PERSONS OR PARTNERSHIPS

State its legal form: (i.e. Pension/Provident fund, Social security funds, Schools, Co-operatives, Deceased estates, Insolvent estates, Central Government, Provincial Administration, Public enterprises, Regional services/ councils, Sole Proprietors etc.): _____

Give as much detail as possible about the source of funds to be invested: _____

4. TRUSTS

Trust Number: _____

Give as much detail as possible about the source of funds to be invested: _____

INITIAL:

5. SIGNATURE OF INVESTOR

The client warrants that all statements made and information particulars supplied by him/her or on his/her behalf in this Application are true and correct.

Signed at: _____

Date: _____



Initials and Surname. _____

6. DECLARATION BY FINANCIAL ADVISER

IN TERMS OF THE FINANCIAL INTELLIGENCE CENTRE ACT, NO 38 OF 2001 (FIC ACT)

I confirm that I have taken all reasonable steps to establish the identity of the client and any other person involved in the establishment of the business relationship or single transaction, and have verified his/her details in accordance with the requirements set out in Section 21 of the FIC Act.

I further confirm that I have stored and am keeping records of all the verification documents in terms of Section 22 of the FIC Act.

Name of Financial Adviser: **KANAAN TRUST**

Financial Adviser Code: **528**

Signed at: _____

Date: _____

Signature of Financial Adviser
