

FICA

Fax, Post or email to:
Gryphon Collective Investments (RF) (Pty) Ltd
Private Bag X20, Tyger Valley, 7536
Telephone number: +27 21 915 5100
Fax number: +27 86 206 2635
E-mail: invest@gryphon.com



Information required by the Financial Intelligence Centre Act, No. 38 of 2001

LEGAL PERSONS –

Partnerships, Pension / Provident / Medical Aid Schemes and Non-profit Organizations

In terms of the Financial Intelligence Centre Act, No 38 of 2001 (FICA) all Financial Institutions have to identify and verify client information. The information has to be provided by all prospective clients before entering into a business relationship or concluding a single transaction.

Kindly complete the applicable sections set out below, being additional information required in terms FICA. The completed form must accompany the application form together with all requested copies of documentation, to enable us to process the application.

COPIES OF THE FOLLOWING DOCUMENTATION MUST BE SUBMITTED WITH THE APPLICATION FORM:

Partnerships

- **Partnership Agreement**
- The **name** of the person/entity exercising executive control of **more than 25%** of the voting rights or capital profit: or is the **managing partner**
- **Proof** of appointment of **authorized person/s (Resolutions)**
- **Bank Statement** or cancelled cheque reflecting proof of banking details
- **Due diligence** for **Partners, Authorized Person/s**, and the person/entity exercising executive control of **more than 25%** of the voting rights or capital profit:-
 - If **individuals**, as per individual requirements [Copy of **ID or passport** and verification of residential address via **utility bill** – not older than 3 months];
 - If **legal entities**, as per requirements for the legal entity as per the type to the level of ultimate **beneficial owner / Beneficiary**

Pension / Provident / Medical Aid Schemes

- **Trust Deed or Founding Document**
- **Certificate of Registration**
- The name of and details of **Principal Officer**
- Then **names** of the appointed of **Trustees**
- **Proof** of appointment of **authorized person/s (Resolutions)**
- **Proof** of **registered address**
- **Bank Statement** or cancelled cheque reflecting proof of banking details
- **Due diligence** for **Trustees, Principal Officer and Authorized Person/s:-**
 - If **individuals**, as per individual requirements [Copy of **ID or passport** and verification of residential address via **utility bill** – not older than 3 months];
 - If **legal entities**, as per requirements for the legal entity as per the type to the level of ultimate **beneficial owner / Beneficiary**

Non-profit Organizations (schools etc)

- **Constitution or Founding Document**
- **Certificate of Registration** (if applicable)
- **Name of chairperson (Resolutions)**
- **Proof** of appointment of **authorized person/s (Resolutions)**
- **Bank Statement** or cancelled cheque reflecting proof of banking details
- **Due diligence** for **Board Members, Authorized Person/s and Chairperson:-**
 - If **individuals**, as per individual requirements [Copy of **ID or passport** and verification of residential address via **utility bill** – not older than 3 months];
 - If **legal entities**, as per requirements for the legal entity as per the type to the level of ultimate **beneficial owner / Beneficiary**

SECTION A

NB: State the Type of Legal Person:

Retirement Fund; Social Security Fund; Medical Scheme, Non-profit organization, School; Co-operative; Public Enterprise

Complete details concerning each natural person who's authorized to act on behalf of the legal person:

Managing Partner / Principal Officer / Chairperson

Surname				Title	
First Names					
Nationality			ID/Passport Number		
Residential Address					
				Postal Code	
Telephone Numbers	Primary		Business		
	Cell		Fax		
E-mail Address					

Partner / Trustee / Board Member No 1

Surname				Title	
First Names					
Nationality			ID/Passport Number		
Residential Address					
				Postal Code	
Telephone Numbers	Primary		Business		
	Cell		Fax		
E-mail Address					

Partner / Trustee / Board Member No 2

Surname				Title	
First Names					
Nationality			ID/Passport Number		
Residential Address					
				Postal Code	
Telephone Numbers	Primary		Business		
	Cell		Fax		
E-mail Address					

Partner / Trustee / Board Member No 3

Surname				Title	
First Names					
Nationality			ID/Passport Number		
Residential Address					
				Postal Code	
Telephone Numbers	Primary		Business		
	Cell		Fax		
E-mail Address					

Partner / Trustee / Board Member No 4

Surname				Title	
First Names					
Nationality			ID/Passport Number		
Residential Address					
				Postal Code	
Telephone Numbers	Primary		Business		
	Cell		Fax		
E-mail Address					

If there are more than 4 Partners/ Trustees / Board members, please supply the above due diligence information in a separate schedule and submit with this FICA detail

Authorised / Mandated Person No 1

Surname				Title	
First Names					
Nationality			ID/Passport Number		
Residential Address					
				Postal Code	
Telephone Numbers	Primary		Business		
	Cell		Fax		
E-mail Address					

Authorised / Mandated Person No 2

Surname				Title	
First Names					
Nationality			ID/Passport Number		
Residential Address					
				Postal Code	
Telephone Numbers	Primary		Business		
	Cell		Fax		
E-mail Address					

Authorised / Mandated Person No 3

Surname				Title	
First Names					
Nationality			ID/Passport Number		
Residential Address					
				Postal Code	
Telephone Numbers	Primary		Business		
	Cell		Fax		
E-mail Address					

Authorised / Mandated Person No 4

Surname				Title	
First Names					
Nationality			ID/Passport Number		
Residential Address					
				Postal Code	
Telephone Numbers	Primary		Business		
	Cell		Fax		
E-mail Address					

If there are more than 4 Partners/ Trustees / Board members, please supply the above due diligence information in a separate schedule and submit with this FICA detail

SIGNATURE OF INVESTOR / AUTHORISED PERSON

The Client warrants that all statements made and information particulars supplied by him/her/it or on his/her/its behalf in this addendum to the application form are true and correct.

Signed at: _____

Date: _____

Signature of Investor (Authorized/Mandated official)

SIGNATURE OF FINANCIAL / INVESTMENT ADVISOR (IF ANY)

The Financial / Investment Adviser warrants that he/she has taken reasonable steps to establish and verify the identity of the client and any other person required/involved in the establishment of the business relationship or single transaction.

Name of Financial / Investment Advisor: _____

Financial / Investment Advisor code: _____

Signature of Financial / Investment Advisor: _____

Date: _____