



CORPORATE SAVER CRS AND FATCA – INDIVIDUAL AND CONTROLLING PERSON SELF-CERTIFICATION

Please consult your professional tax advisor on your tax residency and any related guidance on the Common Reporting Standard (CRS) and Foreign Account Tax Compliance Act (FATCA).

Please note that, for the purposes of this document, a term followed by a superscript number indicates that the term is defined in the glossary of terms, which is attached.

Please complete in CAPITALS.

PART 1 – IDENTIFICATION OF ACCOUNTHOLDER/CONTROLLING PERSON

Corporate Saver agent name

Corporate Saver account number

Title Family name or surname

First name Initials

Middle name(s) Date of birth

Place of birth (city or town) Country of birth

Please provide all identification types, countries and numbers applicable to accountholder/controlling person:

Identification type ¹	Country of issue	Identification number	Expiry date (if applicable)

South African tax reference number (if applicable)

Current physical address

☐ Please tick the box if this is an in-care-of² address.

Name and surname of in-care-of addressee

Unit number Building name

Street number Street name

Suburb Town or city

Province or state Country Postcode/Zip code

Postal address

☐ My postal address is the same as my physical address (If selected, proceed to Part 2.)

☐ Please tick the box if this is an in-care-of address.

Name and surname of in-care-of addressee

Postal address line 1

Postal address line 2

Suburb Town or city

Province or state Country Postcode/Zip code

PART 2 – CERTIFY CITIZENSHIP, NATIONALITY AND COUNTRY OF TAX OBLIGATION

Please select appropriate options:

2.1 Do you have tax obligations, tax liabilities or tax residencies outside of South Africa? ☐ Yes ☐ No

2.2 Are you a US³ citizen⁴, a US person⁵ or a US national⁶?* ☐ Yes ☐ No

***Note:** If you are a US citizen, a US person or US national or if you have US tax residency, please also provide us with a completed IRS W-9⁷ form.

Initials

If you have ever been a US citizen or US national and have renounced your citizenship, please let us know by providing a completed IRS W-8BEN⁸ form and a copy of the Certificate of Loss of Nationality.

If 'No' is selected for both the questions above (2.1 and 2.2) and:

- you are completing this form in your personal capacity and not as a controlling person of an entity that has a Nedbank Corporate Saver Account, complete only Part 5; or
- you are completing this form as a controlling person of an entity that has a Nedbank Corporate Saver Account, complete only Parts 4 and 5.

If 'Yes' is selected for either or both of the questions above (2.1 and 2.2) and:

- you are completing this form in your personal capacity and not as a controlling person of an entity that has a Nedbank Corporate Saver account, complete Parts 3 and 5; or
- you are completing this form as a controlling person of an entity that has a Nedbank Corporate Saver account, complete Parts 3, 4 and 5.

PART 3 – ACCOUNTHOLDER'S/CONTROLLING PERSON'S TAX RESIDENCY

Please complete the table below for all countries where you have tax obligations, tax liabilities or tax residencies.

	Country of tax residence/TIN ⁹ issuance	TIN	If unable to obtain a TIN, provide a reason:
1			
2			
3			
4			
5			

If you are a tax resident in more than five countries, please use a separate sheet.

PART 4 – ENTITY¹⁰/ENTITIES THAT HOLD(S) AN ACCOUNT(S) WITH NEDBANK CORPORATE SAVER AND IN RELATION TO WHICH YOU ARE A CONTROLLING PERSON¹¹, IF APPLICABLE:

The Corporate Saver account numbers for the below table would have been provided to the entity as part of its self-certification process.

	Name of entity	Registration number of entity (if registered)	Corporate Saver account number for the entity/entities you are a controlling person of
1			
2			
3			
4			
5			
6			
7			
8			
9			
10			

If you are a controlling person of more than 10 entities, please use a separate sheet.

PART 5 – DECLARATIONS AND SIGNATURE

I, the undersigned:

- certify that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete;
- undertake to advise Nedbank within 30 days of any change in circumstances that affects the accountholder's tax residency, status and/or causes the information contained herein to become incorrect, and to provide Nedbank with an updated self-certification form (this form) within 90 days of such change in circumstances;
- understand that the information contained in this form and information regarding any **reportable account(s)**¹² may be provided to the South African Revenue Service, and exchanged with tax authorities of other countries, in terms of South African tax legislation; and
- I undertake to notify the accountholder of the completion of this form and advise the accountholder that the information in this form and information regarding any reportable account(s) may be provided to the South African Revenue Service, and exchanged with tax authorities of other countries, in terms of South African tax legislation.

Signature

Print name of accountholder/controlling person/duly authorised representative

Capacity* under which you are signing this self-certification

Date

D

D

M

M

Y

Y

Y

Y

*** Note** If you are not the accountholder, please indicate the capacity in which you are signing the form.
If signing under a power of attorney, please provide an original or certified copy of the power of attorney.