



Please consult your professional tax advisor with respect to the entity's tax residency and any related guidance on the Common Reporting Standard (CRS) and the 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 ENTITY

Corporate Saver agent name

Corporate Saver account number

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Name of entity

Entity registration number (if registered)

Country of incorporation or organisation²

Place of effective management⁴

South African tax reference number

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Physical address

☐ Please tick the box if this is an in-care-of address³.

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 COUNTRY OF RESIDENCE FOR TAX PURPOSES

Please select appropriate options that describe the entity:

2.1 Is the entity incorporated or organised or has a place of effective management⁴ outside of South Africa (SA)? ☐ Yes ☐ No

2.2 Does the entity have tax obligations, tax liabilities or tax residencies outside of SA? ☐ Yes ☐ No

2.3 Does any of the controlling persons⁵ of the entity:
(a) have tax obligations, tax liabilities or tax residencies outside of SA; or
(b) hold US⁶ citizenship⁷, or are they a US person⁸ or a US national⁹? ☐ Yes ☐ No

- Notes:**
- If the entity is NOT a financial institution, and 'No' is selected for all the questions above (2.1, 2.2 and 2.3), then please proceed directly to Part 8.
 - If the entity is NOT a financial institution, and 'Yes' is selected for any of the questions above, complete Parts 4, 5, 6 and 7 (if applicable) and Part 8 below.
 - If the entity is a financial institution¹⁰, and 'No' is selected for all the questions above (2.1, 2.2 and 2.3), then please complete Parts 3 and Part 8 below.

Initials

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- If the entity is a financial institution¹⁰, and 'Yes' is selected for any of the questions above, then please complete Parts 3, 4 and 7 (if applicable) and Part 8 below.

PART 3 – CERTIFY FINANCIAL INSTITUTION ENTITY TYPE

Note: This section applies ONLY to financial institutions. The financial institution must select only ONE of the options below. Part 7 is applicable only if 3.1 is selected.

Please indicate your entity's type by ticking one of the following boxes:

- 3.1 An investment entity¹¹ that is not resident in a participating jurisdiction¹² and managed by¹³ another financial institution. ☐

Note: If 3.1 is selected and 2.3 has been answered 'Yes', then Part 7 must also be completed.

- 3.2 Other investment entity¹⁴. ☐

- 3.3 A depository institution¹⁵, custodial institution¹⁶ or specified insurance company¹⁷. ☐

Note: If 3.1, 3.2 or 3.3 has been selected, please provide the entity's Global Intermediary Identification Number (GIIN)¹⁸ obtained for FATCA purposes.

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☐ Tick here if the GIIN captured above belongs to a sponsoring entity and provide the sponsor's name below:

Sponsor's name

- 3.4 A financial institution that meets the definition of a non-participating foreign financial institution (NPFFI)¹⁹. ☐

Note: If 3.4 is selected, please complete an IRS W-8BEN-E²⁰ form.

PART 4 – CERTIFY UNITED STATES TAX RESIDENCY

- 4.1 Is the entity incorporated or organised in the US? ☐ Yes ☐ No

- 4.2 Is the entity a trust that a US court would have jurisdiction over or a trust where one or more US person(s) would have the authority to control²¹ decisions of the trust? ☐ Yes ☐ No

- 4.3 Does the entity have any tax obligations in the US? ☐ Yes ☐ No

Note: If 'Yes' is selected for any of the questions above (4.1, 4.2 or 4.3), please complete an IRS W-9²² form for the entity.

PART 5 – ENTITY TAX RESIDENCY

Please complete the table below in relation to the entity, indicating:

- 5.1 all countries (including the US) where the entity is tax resident, has a tax obligation or has a tax liability; and

- 5.2 the tax payer identification number (TIN)²³ for each country.

Note: If the entity takes the form of a partnership or similar legal arrangement and has no residence for tax purposes, it will be treated as having its tax residence in the jurisdiction in which its place of effective management is situated.

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

If the entity is a tax resident or has tax obligations in more than five countries, please attach a separate sheet.

PART 6 – ENTITY CLASSIFICATION

Note: This section applies only for entities that are NOT financial institutions. If 'No' has been selected for all questions under Part 2 (2.1, 2.2 and 2.3), this section does not have to be completed.

The entity must select only ONE of the options below. Part 7 is applicable only if 6.8 is selected.

Please indicate the entity's type by ticking one of the following boxes:

- 6.1 Active non-financial entity (NFE)²⁴ – an entity whose shares are regularly traded on an established stock exchange or an entity that is related²⁵ to another entity whose shares are regularly traded on an established stock exchange. ☐

If the entity's shares are traded on an established stock exchange, please provide the name of the stock exchange.

Stock exchange
name

If the entity is related to another entity whose shares are regularly traded on an established stock exchange, please provide the name of the related entity as well as the name of the relevant stock exchange.

Related-entity name

Stock exchange
name

- 6.2 Active NFE – a governmental entity²⁶ ☐

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Note: If 6.8 is selected and 2.3 has been answered 'Yes', then Part 7 is also mandatory.

PART 7 – CONTROLLING PERSON IDENTIFICATION

Note: If question 2.3 under Part 2 has been answered 'Yes' and either 3.1 or 6.8 has been selected, then this table must be completed for every controlling person of the entity that has a tax obligation outside of South Africa. A Nedbank Individual and Controlling Person Self-certification form must be submitted for each controlling person listed below by the relevant controlling person.

Please submit the Controlling Person Self-certification form(s) together with this Entity Self-certification form.

	First name	Surname	Identification number	Country of issue	Email address
1					
2					
3					
4					
5					
6					
7					
8					
9					
10					

If the entity has more than 10 controlling persons, please use a separate sheet.

PART 8 – DECLARATIONS AND SIGNATURE

I, the undersigned:

- (i) am authorised to sign this document on behalf of the entity and declare that all statements made in this declaration are, to the best of my knowledge and belief, correct and complete;
- (ii) undertake to advise Nedbank within 30 days of any change in circumstances that affects the entity's tax residency status or causes the information contained herein to become incorrect, including any changes to the information on controlling persons of the entity, and to provide Nedbank with updated self-certification forms within 90 days of such change in circumstances; and
- (iii) understand that the information contained in this form and the information regarding any reportable accounts³² may be provided to SARS, and exchanged with tax authorities of another/other country/countries in which the entity or any controlling persons may be a tax resident(s), in terms of South African tax legislation.

Signature of duly authorised representative of the entity

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Print the name of duly authorised representative of the entity

Capacity* under which you are signing this self-certification

Date _____

D	D	M	M	Y	Y	Y	Y
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* **Note:** Please indicate if you are signing in your capacity as any one of the following: Chief Executive Officer, Managing Director, Chief Operations Officer, Chief Financial Officer, Company Secretary, authorised officer of the entity, authorised director of the company, trustee of a trust, member of a close corporation or partner of a partnership.

Furthermore, if signing under a power of attorney, please attach a certified copy of the power of attorney.

Initials
