



**Address details**

Residential/Registered address	<input type="text"/>	Postal address	<input type="text"/>
Suburb	<input type="text"/>	Suburb	<input type="text"/>
Town/City	<input type="text"/>	Postal code	<input type="text"/>
Country	<input type="text"/>	Country	<input type="text"/>
Trading address (if company)	<input type="text"/>		
Town/City	<input type="text"/>	Postal code	<input type="text"/>
Country	<input type="text"/>		

**Investor contact details**

Telephone (H)	<input type="text"/>	(W)	<input type="text"/>
Cell	<input type="text"/>	Fax	<input type="text"/>
Email	<input type="text"/>		
Notification preference:	<input type="checkbox"/> Email	<input type="checkbox"/> SMS	Communication preference:
			<input type="checkbox"/> Email <input type="checkbox"/> Post

**Tax details**

Income tax number

VAT registration number (if applicable)

Withholding tax and foreign interest  Dividend tax

Tax resident of South Africa  Foreign tax resident (please complete Self-certification and Declaration form)

**Employment details**

**Occupational status:**  Full-time  Part-time

Self-employed  Temporarily  Other If other, please specify

Employment sector/Type of business (if company)  Occupation

Monthly gross income  R

**Source of income:**  Salary  Savings/Investment  Policy  Maintenance  Other

If other, please specify

**Related party information**

If applicable, please complete all related party information for trustees, trust beneficiaries, shareholders and power of attorney holders.

First name and surname	Relationship	Identity number
A <input type="text"/>	<input type="text"/>	<input type="text"/>
B <input type="text"/>	<input type="text"/>	<input type="text"/>
C <input type="text"/>	<input type="text"/>	<input type="text"/>
D <input type="text"/>	<input type="text"/>	<input type="text"/>
E <input type="text"/>	<input type="text"/>	<input type="text"/>

**In respect of "A" the following must be completed**

Related party type  Individual  Other If other, please indicate

Country of origin/operation

Country of residence/registration

**In respect of "B" the following must be completed**

Related party type  Individual  Other If other, please indicate

Country of origin/operation

Country of residence/registration

**In respect of "C" the following must be completed**

Related party type

Individual  Other If other, please indicate

Country of origin/operation

Country of residence/registration

**In respect of "D" the following must be completed**

Related party type

Individual  Other If other, please indicate

Country of origin/operation

Country of residence/registration

**In respect of "E" the following must be completed**

Related party type

Individual  Other If other, please indicate

Country of origin/operation

Country of residence/registration

**Investor bank details**

Name and surname of accountholder

Name of bank  Account number  Branch code

Account type:  Current  Savings  Transmission

**Investment details**

**Important note:**

- If you select a Wrap Portfolio (wrap fund), please make sure you indicate the wrap code of the investment selection. It is important that you also send a copy of the mandate.
- Investments in a Personal Shared Portfolio (PSP), must comply with the fee money market draw down (income) component requirements.
- Please ensure that all % allocation add up to 100% in total.

**PSP minimum lump sum investment: R250 000**

If a PSP is selected, please also complete:

- Schedule A - Risk profile.
- Schedule B - Needs analysis and investment objective.
- Record of advice - If there is an adviser.
- Mandate - Agreement between the Investment Portfolio Manager and the client.

Investment type:  Lump sum  Recurring  Combination

Investment amount

Source of funds:  Donation  Allowance  Inheritance  Pension  Other

If other, please specify

Preferred Financial Services Provider review (FSP) frequency:  Annually (default)  Quarterly  Half-yearly

In the event of my death my investment is to be transferred into the Absa Money Market Fund  Yes  No (Retirement Annuity and Preservation Funds default into Absa Money Market Fund)

**Distributions**

Re-invest (default option)  Payout

**Fee deduction profile – please indicate with a tick (✓) how fees should be deducted from portfolio.**

AIMS distribution fund  Pro rata across investment

**Important note:** Distributions will be re-invested into the same fund that has distributed except for distributions earned on Exchange Traded Funds (ETFs). ETF distributions will be re-invested into the Client Cash Movement fund.





## Life Assured

This only applies to the Linked Endowment and the Secured Growth.

Are you a Life Assured?

Yes No

Complete if Life Assured is other than the investor

### Life Assured 1

Title  Surname

First name(s)  Initials

Identity/Passport number  Nationality

Date of birth           Gender:  Male  Female

### Life Assured 2

Title  Surname

First name(s)  Initials

Identity/Passport number  Nationality

Date of birth           Gender:  Male  Female

### Life Assured 3

Title  Surname

First name(s)  Initials

Identity/Passport number  Nationality

Date of birth           Gender:  Male  Female

## Financial Services Provider fees and details

Secured Outcome – Growth Policy  % Income Policy  %

Lump sum initial advice fee  % Recurring initial advice fee  % Annual advice fee  %

Name of Financial Services Provider/brokerage  Financial Services Provider/brokerage code

Name of representative  Representative code

Representative reference number (Absa use only)

Postal address

Town/City  Country  Postal code

Telephone (W)  Fax

Cell  Email

## Product bank account details

Account name	Bank	Branch code	Account number	Account type
AIMS Nominees RF (Pty) Ltd - Investment Account	Absa Bank	632005	4050 589 636	Cheque
AIMS Nominees RF (Pty) Ltd - Islamic Investment Account	Absa Bank	632005	4092 039 805	Cheque
AIMS Nominees RF (Pty) Ltd – Secured Outcome	Absa Bank	632005	4076 627 656	Cheque
AIMS Nominees RF (Pty) Ltd – Linked Endowment	Absa Bank	632005	4055 231 527	Cheque
AIMS Nominees RF (Pty) Ltd – Linked Endowment – Structured Product	Absa Bank	632005	4055 231 527	Cheque
AIMS Nominees RF (Pty) Ltd - Living Annuity	Absa Bank	632005	4050 589 652	Cheque
Absa Retirement Annuity Fund	Absa Bank	632005	4050 629 884	Cheque
Absa Pension Preservation Fund	Absa Bank	632005	4050 629 656	Cheque
Absa Provident Preservation Fund	Absa Bank	632005	4050 629 567	Cheque
AIMS Nominees RF (Pty) Ltd - Offshore	Absa Bank	632005	4050 855 338	Cheque
AIMS Nominees RF (Pty) Ltd – Tax Free Savings	Absa Bank	632005	4050 589 636	Cheque

Transfers	Beneficiary Bank
Euro	Absa Bank Swift: ABSAZAJCWI Beneficiary name: AIMS Nominees Johannesburg a/c: 958132-Euro-1047-01 2001 Branch code: 63 12 05 93
Pound	Absa Bank Swift: ABSAZAJCWI Beneficiary name: AIMS Nominees Johannesburg a/c: 958132-GBP-1047-01 Branch code: 63 12 05 93
Dollar	Absa Bank Swift: ABSAZAJCWI Beneficiary name: AIMS Nominees Johannesburg a/c: 958132-USD-1047-01 2001 Branch code: 63 12 05 93

EFT (Electronic Fund Transfer)

\*Deposit reference number

\*Please complete the deposit reference field as follows for all payments:

**Business submitted via financial services provider**

Existing client: AIMS adviser code (8 x digits) of the financial services provider “ – ” then AIMS client number.

New client: AIMS adviser code (8 x digits) of the financial services provider “ – ” then client ID number or client initials and surname.

**Example: 00012345-19521204000**

**Business submitted directly by a client**

Existing client: 00156304 “ – ” then AIMS client number.

New client: 00156304 “ – ” then client ID number or client initials and surname.

**Example: 00012345-19521204000**

**Debit order authority**

- I/We hereby request, instruct and authorise AIMS, its successors or its assignees to draw against my/our account with the bank noted above (or any bank or branch to which I/we may transfer my account).
- I/We understand that all such withdrawals from my/our bank account shall be treated as though they had been signed by me/us personally.
- I/We agree to pay any bank charges and costs relating to the debit order authority, including debit order rejection fees.
- I/We acknowledge that I/we may cancel this authority by giving AIMS not less than 10 (ten) calendar days written notice.
- I/We agree that receipt of this instruction by AIMS shall be regarded as receipt thereof by my/our bank.
- In order to activate the debit order, AIMS must receive the application form at least 14 (fourteen) days prior to the first debit order date.
- Debit orders will be cancelled in the event that the debit order rejects. To reactivate the debit order, a new instruction is required.

\_\_\_\_\_  
Signature of bank accountholder

Date

D	D	M	M	C	C	Y	Y
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**Financial Services Provider/Representative declaration**

- I have read and understood the terms and conditions pertaining to the selected Investment.
- I warrant that all statements given in the Form are true and correct in every respect.
- I acknowledge and certify that I have personally explained to the investor all the features and terms of the product.
- I acknowledge that the investor will be screened and profiled by Absa Bank in terms of the Legal Terms.
- I acknowledge that I have personally explained all the fees, charges and commission applicable to this investment to the investor.

**The Financial Services Provider/Representative further declares and confirms in respect of FICA that:**

- I have taken all reasonable steps to establish the identity of the investor before entering into a business relationship with the investor or concluding a single transaction with the investor.
- I have verified the information of the investor in accordance with the requirements set out in section 21 of FICA.
- I have obtained copies of the investor's identification document and any other verification documentation as required in terms of section 22 of FICA and are keeping record of the required documents after having seen the original documents.

Signed at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Financial Services Provider/Representative signature

**Investor(s) declaration**

**You, or where applicable, your authorised signatory, hereby state that:**

- I acknowledge that I am aware of and understand the fees and commission applicable to this investment.
- I have read and understood the terms and conditions pertaining to the selected Investment including the Legal Terms.
- I warrant that all statements in the application form are true and correct.
- I acknowledge that I will be screened and profiled by Absa Bank in terms of the Legal Terms.

**The FSP/Representative is appointed by the investor with:**       \*Full discretion       \*Limited discretion

\*If applicable, the limits on the FSP/Representative's discretion are as set out in the approved mandate attached to this application form and signed by the investor.

Absa Bank Limited ("Absa"), a member of the Banking Council of South Africa, wishes to inform you that all information regarding your personal and financial matters is treated as strictly confidential. To enable the Absa Group to offer you a full range of services and products suited to your needs, we require your consent to utilise your personal information within the Group and to communicate to you on an on-going basis. I agree to notify the relevant Barclays Africa Group Limited entity immediately in the event that information on this Tax Self-Certification and Declaration Form changes.

Please tick (✓) the appropriate boxes

- I/We hereby consent to the above.       I/We hereby withhold consent and fully understand the implications and ramifications of my/our decision and will not hold Absa Group responsible for financial advice and offers that I/we have not received.

Signed at \_\_\_\_\_ on \_\_\_\_\_

\_\_\_\_\_  
Investor signature [or duly authorised person(s) where applicable]

\_\_\_\_\_  
Signature of legal guardian (if applicable)

Submit signed and completed instructions to [aimsc@absa.co.za](mailto:aimsc@absa.co.za)

## Information about Absa Linked Investments (AIMS)

Authorised Financial Services Provider

Registration number: 1980/002425/07

Head Office	Postal address	Website	Client Services	Email address	Fax number
4th Floor Towers North 180 Commissioner Street 2001	PO Box 974 Johannesburg 2000	<a href="http://absainvestments.co.za">absainvestments.co.za</a>	0860 000 005	New instructions: <a href="mailto:aimscs@absa.co.za">aimscs@absa.co.za</a> Queries: <a href="mailto:aimsenquiries@absa.co.za">aimsenquiries@absa.co.za</a>	0861 339 265

AIMS is a financial services provider ("FSP"), authorised in terms of FAIS and is further authorised as an administrative and discretionary FSP. All these details are available on the FSB website if required.

### Complaints process

- Please lodge a complaint in writing to AIMS, addressed to our Client Services Department, using the addresses set out below.
- The complaint must contain the client details, details of the complaint and any documentary proof, where applicable.
- Upon receipt by AIMS of the above-mentioned information, your complaint will be acknowledged by the AIMS employee that will assist in the resolution of your complaint.
- Where possible, AIMS endeavours to resolve your complaint within 10 (ten) business days of receipt of your complaint, taking into account the nature of the complaint and the product type. You will be contacted should we discover during the course of the investigation that further information or documentation is required. In this event, the conclusion of the matter may take a while longer. If you are not satisfied with the reply, you may refer the matter to the Compliance Officer of AIMS. In the event that we have been unable to resolve the complaint to your satisfaction within a period of 6 (six) weeks, you may refer the matter, within a further period of 6 (six) months, to The Office of the Ombud for Financial Services Providers. Should the complaint be product related, you may refer the matter, within a further period of 6 (six) months, to The Long-term Insurance Ombud.
- A full record of each complaint received and all subsequent correspondence will be kept on record by AIMS for such periods as prescribed by relevant legislation.
- AIMS should always be given the opportunity to resolve the complaint. However, should you be dissatisfied with the response from AIMS, you may refer your complaint to the Ombudsman or Adjudicator depending on the nature of the complaint, as set out below in more detail.
- Complaints relating to intermediary services provided by AIMS:  
Only complaints relating to intermediary services provided by AIMS, as an authorised financial services provider, may be directed to the Financial Advisory and Intermediary Services Ombud ("FAIS Ombud"). The FAIS Ombud acts independently and objectively. Please note that AIMS does not give advice and any complaints relating to advice will not apply to AIMS. In complaints before the FAIS Ombud the complainant and any other party to the complaint are expected to give their fullest co-operation so as to dispose of the complaint within a reasonable time. For these purposes a complainant includes their lawful successor in title or a person nominated as beneficiary in terms of the financial product that is the subject of the relevant complaint.  
The Ombudsman for Long-term Insurance can be approached for living annuity and endowment related complaints. The role of the Ombudsman is to ensure that the rights of the client are protected and to mediate in a dispute if required.
- Complaints relating to AIMS/Absa Retirement Annuity, Pension Preservation and Provident Preservation funds ("**Retirement funds**"); The Pension Funds Adjudicator can be approached for complaints in respect of the retirement funds. The role of the Pension Funds Adjudicator is to ensure that the rights of members are protected and to mediate in a dispute if required.

We have provided the relevant contact details below:

Head Office	Postal address	Client Services	Email address	Fax number
Client Services/ Compliance Officer	PO Box 974 Johannesburg 2000	0860 000 005	<a href="mailto:aimscscomplaints@absa.co.za">aimscscomplaints@absa.co.za</a>	0861 339 265
The Officer of the Ombud for Financial Services Providers	PO Box 74571 Lynnwood Ridge 0040	0860 FAISOM (0860 324 766)	<a href="mailto:info@faisombud.co.za">info@faisombud.co.za</a>	012 348 3447
The Long-term Insurance Ombud	Private Bag X45 Claremont Cape Town 7735	021 657 5000/ 0860 103 236	<a href="mailto:info@ombud.co.za">info@ombud.co.za</a>	021 674 0951
The Pension Funds Adjudicator	PO Box 580 Menlyn 0063	012 346 1738/ 012 748 4000	<a href="mailto:enquiries@pfa.org.za">enquiries@pfa.org.za</a>	086 693 7472