

Northstar Asset Management (Pty) Ltd - Client Profile Form for a Natural Person

Please would you return to us duly completed and signed Client Profile Forms together with original or **certified copies** of the required original documents. Please complete all relevant sections in full using block letters. Any amendments made to the form must be initiated by the client.

Surname	Title
<input type="text"/>	<input type="text"/>
First names	
<input type="text"/>	
Residential Address:	
<input type="text"/>	code <input type="text"/>
Postal Address (if different from residential)	
<input type="text"/>	code <input type="text"/>
SA Identity Number or Passport Number (if client is a foreigner)	
<input type="text"/>	
Date of Birth	Nationality
<input type="text"/>	<input type="text"/>
Income tax number	Married
<input type="text"/>	<input type="text"/>
	Community of Property
	<input type="text"/>
Source of Funds (indicate "X")	
<input type="checkbox"/> Inheritance	<input type="checkbox"/> Savings
<input type="checkbox"/> Salary	<input type="checkbox"/> Bonus
<input type="checkbox"/> Other - please specify	<input type="checkbox"/> Company Profits
<input type="text"/>	
Tel (h):	Fax (h):
<input type="text"/>	<input type="text"/>
Tel (w):	Fax (w):
<input type="text"/>	<input type="text"/>
Tel (c):	
<input type="text"/>	
email address: <input type="text"/>	
Bank account details	
Bank:	Branch code:
<input type="text"/>	<input type="text"/>
Account number:	Account type:
<input type="text"/>	<input type="text"/>

If joint name registration (insert second name here)

Surname	Title
<input type="text"/>	<input type="text"/>
First names	
<input type="text"/>	
Residential Address	
<input type="text"/>	code <input type="text"/>
Postal Address (if different from residential)	
<input type="text"/>	code <input type="text"/>
SA Identity Number or Passport Number (if client is a foreigner):	
<input type="text"/>	
Date of Birth	Nationality
<input type="text"/>	<input type="text"/>
Income tax number	Married
<input type="text"/>	<input type="text"/>
	Community of Property
	<input type="text"/>
Tel (h):	Fax (h):
<input type="text"/>	<input type="text"/>
Tel (w):	Fax (w):
<input type="text"/>	<input type="text"/>
Tel (c):	
<input type="text"/>	
email address: <input type="text"/>	

I hereby confirm that the above information and attached documents are true and accurate.

Signature

Date

Name

FICA Check list - include the following documents with return of this form:

NB: Originals or certified copies of the required original documents.

NB: Documents to be less than 3 months old.

- 1 - Copy of ID document
- 2 - SARS document with name and tax number
- 3 - Proof of banking details (cancelled cheque or Bank statement)
- 4 - A recent document containing name & residential address
eg: utility bill (rates, Telkom etc), bank statement or SARS doc