



# OLD MUTUAL INTERNATIONAL

## CUSTOMER INFORMATION FORM – for contract holders and associated parties

### IMPORTANT INFORMATION

- We require the data below to be confirmed for each contract holder and associated party\* to update our records.
  - \* For corporate investors, this means the authorised signatories who have signed the Withdrawal/Closure form or Assignment deed
  - \* For trust investors, this means each trustee, settlor, protector and beneficiary (where payment is being made to a beneficiary or his/her estate)
- **This is in addition to any other requirements relating to our products.**
- More details about how we use your information, your rights over this information and how you can exercise your rights can be found in the Old Mutual Guernsey Data Privacy Statement – which we publish on our website – [www.oldmutualinternational.com/en-ZA/South-Africa/Privacy-and-cookie-policy/](http://www.oldmutualinternational.com/en-ZA/South-Africa/Privacy-and-cookie-policy/)

### NOTE

- **All fields are mandatory and must be completed.**
- **Without this information, any instructions relating to the investment will be delayed.**
- **Please use copies of this page to provide the information for all parties associated with the investment.**

Please tick/complete this form using BLOCK CAPITALS and blue or black ink

Contract number/s

Role of the party whose data is provided below:

- ☐ Contract Holder    ☐ Authorised Signatory    ☐ Trustee    ☐ Settlor    ☐ Protector    ☐ Beneficiary
- ☐ Attorney    ☐ Director    ☐ Shareholder (with more than a 25% share)

Full name

Residential address

(At commencement of Investment)

Residential address

(Current)

Have you ever been known by any different name/surname?

☐ No

☐ Yes – state details here: (In the instance of a female married individual, please provide your maiden surname)

  

Date of birth  
(ddmmyyyy)

Country of birth

ID number

► Passport/ID Card

Occupation

(At commencement of Investment)

Occupation

► If retired or currently not employed, it is compulsory to indicate your previous occupation.

(Current)

Employer/Company Name

(At commencement of Investment)

Employer/Company Name

► If retired or currently not employed, it is compulsory to indicate your previous Employer.

(Current)



Nationality(ies)	Country(ies) of residence for taxation	Tax identification number(s)*

\* If your country of residence for taxation is South Africa your tax identification number is your tax number as issued by the South African Receiver of Revenue. If your country of residence for taxation is the UK or the Isle of Man your tax reference number is your National Insurance number. If it is Guernsey, Jersey or Gibraltar it is your Social Security Number. If you are a US national or US resident for taxation we require your Tax Identification Number (TIN). This is required to assist the business with FATCA and Common Reporting Standards.

**Politically Exposed Persons (PEP):** If the applicant(s), or any other party connected to this application either now or in the past/future, could be classed as a PEP, or connected with a PEP, please provide details:


**Source of Funds:** Please provide details of where the applicant(s) funds were held prior to being transferred to Old Mutual International.


**Source of Wealth:** Please provide details of the applicant(s) entire body of wealth and a broad picture of how it was acquired. Example: accumulated savings from 13 years' employment as a doctor at the ABC Medical Centre; or profits from sale of logistics business called Shipping Stuff Limited.


**DECLARATION (TICK AS APPLICABLE)**

- ☐ I, as the appointed financial adviser, declare that the details provided are accurate according to our records or as confirmed by the named person.
- ☐ I am the person named above and declare that the details provided are accurate.

Please return the completed form by email to: [service@omi-int.com](mailto:service@omi-int.com)

**INTERNATIONAL**

[www.oldmutualinternational.com](http://www.oldmutualinternational.com)

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