



KYC Information Form-New Clients Partnerships

1 Details in respect of the partnership

Partnership name: _____

I hereby confirm that the information provided relating to the Partnership and the related parties is true and correct.

Signature

Designation

Date



2 Details relating to the partners and related parties

If any of your related parties bank with FNB in their personal capacity we can assist with the completion of the respective individuals' KYC requirements. However, from the abovementioned related parties we will require the individuals':

- Account number**
- Tax number**
- ID number**
- Proof of residential address**

This is to be completed in respect of each of the following related parties:

1) Details in respect of every partner. Complete the annexure relevant to the legal form of the partner:

1.1 Individuals (complete part A)

1.2 South African- and/or Foreign- Companies and/or Close Corporations (complete part B)

1.3 Legal persons (complete part C)

1.4 Trusts and partnerships (complete part D)

2) Details in respect of natural persons authorised to establish a business relationship with the Bank on behalf of the Partnership (complete part A).

3) Details in respect of the person who exercises executive control over the partnership (if other than a partner (complete part A).



Part A – Individuals

Full names:

Date of birth:

___/___/___ (dd/mm/yyyy)

**ID number or
passport no. (if
non-resident/non-
SA citizen):**

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Nationality:

Citizenship:

**Country of permanent
residence:**

**Residential
address:**

**Relationship of related
party with company:**

Contact details:

Phone (H):



Part B – South African and Foreign Companies and Close Corporations

Registered Name: _____

Registration Number: _____

Registered Address: _____

Name under which company/cc conducts business, i.e. trade name

- Foreign _____

- Local _____

Phone (W): _____

Phone (C): _____

Fax: _____

E-mail: _____

Physical address from which company/cc operates (Business address) in foreign country (if applicable)

Physical address from which company/cc operates (Business address) in South Africa:

If it operates from multiple addresses, also the physical address of its Head Office in SA:

Contact Person: _____

Relationship of related party with company: _____

Contact details: Phone (W): _____

Fax: _____

E-mail: _____



Part C – Other Legal Persons

Name of the legal person:

Physical address from which it operates (business address):

Legal form:

Contact person:

Relationship of related party with company:

Contact details: Phone (W):

Phone (C):

Fax:

E-mail:



Part D – Partnerships and Trusts

**Name of
partnership/trust:**

Trust number:

**If a Partnership,
trading address:**

**If a Trust, address
of Registrar where
Trust is registered:**

Contact person:

**Relationship of related
party with company:**

Contact details: Phone (W):

Phone (C):

Fax:

E-mail: