

FICA VERIFICATION

- All sections must be completed in full using BLOCK LETTERS.
- Please indicate all options selected by means of a cross (X).
- To enable AcraVest to process this form, please ensure that it is completed in full and that the information provided is accurate.
- Please sign next to any amendments made on this form.

DETAILS

Entity / Individual Name

Identity / Registration Number

Contact Number

Income Tax Number

The following documents must accompany this form:

- Certified copy of ID
- Utility Bill
- Bank verified proof of bank details
- Proof of payment/transfer

SOURCE OF FUNDS DECLARATION

What is the entity's / Individual's primary business activity?	
Please provide the industry in which the entity / Individual operates in?	
In which country/ies does the entity / Individual operate in?	
What is the entity's / Individual's source of income? (Eg. Salary / Inheritance / Business Profit / Payroll)	

SOURCE OF FUNDS DECLARATION

Does the individual or any of the incorporators of the entity, (majority shareholders/beneficiaries, beneficial owners or authorised signatories), perform a public function, is closely related to or have business connections with a person who performs a public function?!

Yes No

If "Yes", please provide the following information:

Name

Surname

ID Number

Residential address

Postal code

Designation held

Please describe public function held by this person

I, the undersigned, hereby declare that none of the funds to be managed/transferred is from the proceeds of any unlawful activity, or is in contravention of the Prevention of Organised Crime Act 121 of 1998 and the Financial Intelligence Act 38 of 2001. I further declare that all approvals have been granted and that the required notifications have been made in respect of the abovementioned extracts of legislation.

I understand that the proceeds of unlawful activities means any property or any service, advantage, benefit or reward which was derived, received or retained, directly or indirectly, in connection with or as a result of any unlawful activity carried on by any person, whether in South Africa or elsewhere and includes any property representing property so derived.

I have also been made to understand that should one of the legislative bodies require information, that the financial advisor is bound to disclose such information.

By signing this declaration, I confirm that all information provided within this documents is accurate and true.

Should any of the above information be incorrect or if the FICA validation process returns unfavourable information about the person whose identity is being verified, then the insurer may refuse to proceed with the policy.

Signature _____

Date

*Public function includes but is not limited to – Heads of government and ministers, high ranking officials in the military, senior judicial officers, senior officials of political parties, city mayors, traditional leaders, members of the national council of provinces.

FOR OFFICE USE ONLY

RISK RATING

	Business activity	Low	Medium	High
1	Client Attributes (Is he/she on the United Nations List, PEP)			
2	Duration of Client Relationship (Single Transaction should be high risk)			
3	Jurisdiction of Client (Local – Low/Foreign – High)			
4	Transaction Value			
5	Type of Entity			
6	Product Type			
7	Source of Funds			

Sanction screening complete: Yes No

Signature _____

Date