

Corporate Accounts

Application Form 1.1

**All fields must be filled out. If not applicable, please indicate «N/A»*

1. Company details	
Company name:	
Trading name, if any:	
Company registration number:	
Date of incorporation:	
Country of incorporation / registration:	
Registered address:	
Postal address:	<input type="checkbox"/> the same as registered address
LEI number:	
Email:	
Website:	
Phone number:	
Business industry (section) Provide business section name in accordance with SIC classification .	
Please provide a description of the company, including a summary of its activities, in your own words.	
Main country of operations:	<input type="checkbox"/> South Africa <input type="checkbox"/> Other (please indicate) _____
Source of Wealth (SoW): <i>Please indicate the origin of the entity's accumulated wealth.</i>	<input type="checkbox"/> Business profit <input type="checkbox"/> Owner / Shareholder equity <input type="checkbox"/> Property <input type="checkbox"/> Retained earnings <input type="checkbox"/> Market trading profits <input type="checkbox"/> Shareholder investments <input type="checkbox"/> Other

	Details, if needed _____
Source of Funds (SoF): <i>Please indicate the origin of the funds that will be used for trading or account funding.</i>	<input type="checkbox"/> Operating revenue / Business profit <input type="checkbox"/> Shareholder injections <input type="checkbox"/> Loan <input type="checkbox"/> Market trading profits <input type="checkbox"/> Retained earnings <input type="checkbox"/> Other Details, if needed _____

2. Contact person (responsible person authorized to act on behalf of the company)	
Contact person name and surname:	
Position:	
Email:	
Telephone number:	
Employment status:	<input type="checkbox"/> Employed <input type="checkbox"/> Retired <input type="checkbox"/> At-home Trader <input type="checkbox"/> Student/Intern <input type="checkbox"/> Unemployed

3. Trading account	
Propose of the trading account with BROKSTOCK:	<input type="checkbox"/> Retaining assets <input type="checkbox"/> Growing wealth <input type="checkbox"/> Hedging <input type="checkbox"/> Speculative trading <input type="checkbox"/> Diversifying portfolio <input type="checkbox"/> Protecting against financial risks <input type="checkbox"/> Exploring new investment opportunities
Planned instruments for trading:	<input type="checkbox"/> CFDs on SA Equities <input type="checkbox"/> CFDs on US Shares <input type="checkbox"/> CFDs on Currencies <input type="checkbox"/> CFDs on ETFs <input type="checkbox"/> CFDs on Metals <input type="checkbox"/> Crypto

Type of BROKSTOCK account	<input type="checkbox"/> Investment account <input type="checkbox"/> Margin account
Do you acknowledge and confirm your understanding of the risks involved in trading CFDs?	<input type="checkbox"/> Yes <input type="checkbox"/> No
On the following scale please indicate your tolerance for risk:	<input type="checkbox"/> Low Risk <input type="checkbox"/> Moderate Risk <input type="checkbox"/> High Risk
Please check the selection that best describes your investment time horizon with us:	<input type="checkbox"/> Less than 3 years <input type="checkbox"/> 3 – 5 years <input type="checkbox"/> 5 – 10 years <input type="checkbox"/> Over 10 years
Frequency of transactions that you will have with us:	<input type="checkbox"/> One-off <input type="checkbox"/> Low (occasional) <input type="checkbox"/> Medium (monthly/quarterly) <input type="checkbox"/> High (frequent/active trading)

4. List of directors					
Full name	Date of birth	Passport / ID card number:	Residential address:	Email	Phone number

**For each director, please provide a scanned copy of a valid ID document, along with a recent utility bill (issued within the last 3 months) that verifies their residential address. Additional verification via our KYC/AML provider to be requested after initial documentation check.*

5. List of shareholders					
<input type="checkbox"/> Natural Persons					
Full name	Date of birth	Passport / ID card number:	Residential address:	Email	Percent of owning:

<input type="checkbox"/> Legal Entities					
Company name	Company number	Country of incorporation	Residential address:	Email	Percent of owning:

**For each natural person shareholder, please provide a scanned copy of a valid ID document, along with a recent utility bill (issued within the last 3 months) that confirms their residential address. Additional verification via our KYC/AML provider to be requested after initial documentation check.*

***For each legal entity shareholder, please provide extract from CIPC. For non SA companies, please provide the Certificate of Incorporation, the Certificate of Incumbency, and proof of address (all issued within the last 3 months).*

6. UBO						
Full name	Date of birth	Passport / ID card number:	Residential address:	Email	Phone number	% of ownership

**For each UBO, please provide a scanned copy of a valid ID document, along with a recent utility bill (issued within the last 3 months) that verifies their residential address. Additional verification via our KYC/AML provider to be requested after initial documentation check.*

***The Ultimate Beneficial Owner is the individual who ultimately owns, controls, or significantly benefits from a company, regardless of the formal ownership structure. This person may hold influence either directly or through a chain of ownership, and is crucial in understanding who truly has the authority or receives the benefits from the company's operations. Identifying the UBO is essential for transparency, compliance, and regulatory purposes.*

Ownership & Control Confirmation

Please confirm the following by ticking the boxes:

The ownership structure provided above is complete and accurate, and no other individual or entity (including trusts, nominees, foundations, or informal arrangements) holds any ownership, voting	<input type="checkbox"/>
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rights, or control over the Company.	
There are no undisclosed agreements or arrangements (formal or informal) that allow any third party to exercise influence, control, or derive economic benefit from the Company.	<input type="checkbox"/>
The Company undertakes to immediately notify BROKSTOCK of any changes to its ownership or control structure	<input type="checkbox"/>
All individuals and entities within the Company's ownership and control structure are free from sanctions listings, criminal proceedings, money-laundering activities, terrorism-financing links, or any other prohibited activities, and none are PEPs unless expressly disclosed to BROKSTOCK	<input type="checkbox"/>

Acting on own behalf

The Company confirms that it is acting on its own behalf and not as a nominee, agent, or intermediary for any undisclosed third party. The Company further confirms that no other person or entity, whether natural or legal, will have any beneficial interest in, control over, or entitlement to the account unless explicitly disclosed to BROKSTOCK.

Declaration by authorised person(s) acting on behalf of the Company

I hereby declare that the information provided in this form, and in all supporting documents submitted with it, is true, accurate, and complete. I understand that providing false, misleading, or incomplete information, or failing to disclose any material fact, may constitute an offence under applicable laws, including anti-money laundering and counter-terrorist financing legislation. I acknowledge that such offences may result in regulatory action, criminal prosecution, administrative penalties, or the termination of the business relationship.

I further confirm that I am duly authorised to act on behalf of the Company and to make this declaration.

Name of Entity:

Name of Authorised Signatory:

Position:

Signature:

Date:

CRS Self-Certification Form*Entity*

Name of the Company	
Country of incorporation	
Email	
Registered address	
Mailing address	<input type="checkbox"/> The same as Registered address

Country of Tax Residence and Taxpayer Identification Number (TIN)

Please complete the table below by indicating:

- each jurisdiction where the Entity is considered a tax resident, and
- the Entity's Taxpayer Identification Number (TIN) or functional equivalent for each such jurisdiction.

Some jurisdictions applying a "wider approach" may require that you list a TIN for every country of residence, not only for Reportable Jurisdictions.

If the Entity is not considered tax resident in any jurisdiction (for example, because it is fiscally transparent), please indicate "Not tax resident – fiscally transparent" and state the jurisdiction in which its place of effective management or principal office is located.

If the Entity is tax resident in more than three jurisdictions, please attach an additional sheet.

If a TIN is not available, please select the applicable reason:

Reason A – The jurisdiction does not issue TINs to its residents.

Reason B – The Entity is otherwise unable to obtain a TIN or equivalent number. (If selected, please explain the reason below.)

Reason C – No TIN is required under the domestic law of that jurisdiction. (Only select this reason if the law explicitly does not require the collection of a TIN.)

Country of Tax Residence	TIN or Functional Equivalent	If No TIN Available, Select A / B / C

If you selected Reason B above, please explain in the corresponding box below why you are unable to obtain a TIN.

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Entity Classification (for CRS Purposes)

Please indicate the Entity's status by selecting one of the categories below.

1. ☐ **FINANCIAL INSTITUTION -Investment Entity**

Select either (a) or (b):

☐ a. Investment Entity located in a Non-Participating Jurisdiction and managed by another Financial Institution

☐ b. Other Investment Entity

If you select option 1, please provide the Entity's Global Intermediary Identification Number (GIIN), if applicable:

GIIN: _____

2. ☐ **FINANCIAL INSTITUTION – Depository Institution, Custodial Institution, or Specified Insurance Company**

☐ The Entity meets the definition of a Financial Institution in one of the categories above.

If applicable, GIIN: _____

3. ☐ **ACTIVE NFE (NON-FINANCIAL ENTITY)**

Select one of the options below:

☐ a. Publicly traded corporation

A corporation the stock of which is regularly traded on an established securities market, or a corporation that is a related entity of such a corporation.

☐ b. Government entity or central bank

☐ c. International organisation

An organisation or agency that is wholly owned by, or established under, an intergovernmental agreement. Privately owned entities do not qualify.

☐ d. Active NFE (other)

For example: an operating company generating active income, start-up entity, or non-profit organisation.

PASSIVE NFE

(If selecting this option, please also complete section (a) and (b) below.)

4. ☐ **Passive NFE**

An entity that is not a Financial Institution and does not meet the criteria of an Active NFE.

If you selected 1(a) or 4, please provide:

a. Names of all Controlling Persons: _____

b. Individual Self-Certification Forms to be completed.

Note:

Terms used in this form have the meaning assigned to them under the OECD Common Reporting Standard (CRS).

For full definitions, please refer to the OECD documentation available at:

www.oecd.org/tax/automatic-exchange

Acknowledgement and Declaration

By signing this form, the Entity and its authorised representative acknowledge and agree to the following:

I understand that the information provided in this self-certification will be used for the purposes of determining the Entity's tax residency status and reporting obligations under the Common Reporting Standard (CRS) as implemented in South Africa.

I acknowledge that the information contained in this form, as well as information relating to the Entity's accounts held with BROKSTOCK, may be disclosed to the South African Revenue Service (SARS) and exchanged with the tax authorities of other jurisdictions in which the Entity may be tax resident, in accordance with international agreements on the automatic exchange of financial account information.

I confirm that I am the Account Holder or am duly authorised to sign this form on behalf of the Account Holder.

Where I have provided information relating to any Controlling Person or any other Reportable Person connected to this Entity, I confirm that I have notified such persons that their information may be provided to SARS and may be exchanged with the tax authorities of other jurisdictions pursuant to CRS requirements.

I undertake to notify BROKSTOCK within 30 days of any change in circumstances that affects the information provided in this form, including any change to the Entity's tax residency status or to the details of any Controlling Person. I further undertake to provide BROKSTOCK with an updated self-certification within 90 days of such change.

By submitting this form, I certify that the information provided is true, accurate, and complete, and that I have read, understood, and agree to the above declarations.

Authorised Signatory

Name of Entity:

Name of Authorised Signatory:

Position:

Signature:

Date: