



the dti

Department:
Trade and Industry
REPUBLIC OF SOUTH AFRICA

FICA CHECKLIST



Please note: all documentation submitted needs to be original or originally certified and no certified copies of copies are accepted.

ANNEXURE A IS TO BE COMPLETED WITH THIS CHECKLIST

CLOSE CORPORATION

LOG NO: _____

CLIENT FULL NAME: _____

Account Manager		Compliance Officer / Assistant		
Name:		Name:		
Signature:		Signature:		
SBU/Dept:		SBU/Dept:		
Date:		Date:		
New Client	Existing Client	Listing on Dow Jones/Worldcheck	YES	NO
Is the client a PEP?			YES	NO
Is the client associated to a PEP?			YES	NO
Is the client related to a PEP?			YES	NO
I do confirm that I have verified the above information with the client			YES	NO

NB : ALL GREEN HIGHLIGHTED SECTIONS MUST BE COMPLETED BY CLIENT

NB : ALL YELLOW HIGHLIGHTED SECTIONS MUST BE COMPLETED BY CLIENT

Documents necessary to verify identity of Close Corporation	<input type="checkbox"/> Copy of CK1/CoR15.1A/CoR 15.1B (certificate of registration) OR <input type="checkbox"/> Copy of CK2 and/or CK2A/ CoR 9.4 (relevant if any changes were made to the CK1) OR <input type="checkbox"/> CIPC (certificate of confirmation) printout of the above CK documents <input type="checkbox"/> Certificate of Disclosure
Physical address of close corporation	<input type="checkbox"/> Copy of utility bill/rates and taxes or any other account reflecting the name and address of the CC (no less than 3 months old) OR <input type="checkbox"/> Copy of lease or rental agreement reflecting start and end date of lease OR <input type="checkbox"/> Affidavit confirming proof of address (no less than 3 months old OR <input type="checkbox"/> Copy of signed letterhead
SARS Certificates	<input type="checkbox"/> Tax Clearance Certificate that is still valid (not expired) <input type="checkbox"/> Tax Clearance Pin Number Certificate that is still valid (not expired) <input type="checkbox"/> VAT Registration Certificate
Proof of Authority to act on behalf of the company	<input type="checkbox"/> Attach a board resolution appointing the authorised person OR <input type="checkbox"/> Affidavit confirming appointment of the authorised person
Identity of the company representative	<input type="checkbox"/> Complete annexure A and include supporting documents
Proof of residence of the company representative	<input type="checkbox"/> Copy of utility bill/rates and taxes or any other account reflecting name and residential address (no less than 3 months old) OR <input type="checkbox"/> Copy of lease or rental agreement reflecting start and end date of lease and reflecting name and residential address OR <input type="checkbox"/> Affidavit confirming proof of address (no less than 3 months old) OR
Identity of members	<input type="checkbox"/> Complete annexure A for each member and include the supporting documents as listed on that form

ANNEXURE A: FICA CLIENT INFORMATION FORM

Please complete the details of each authorised representative and member of the relevant entity below.-

Company Representative:			
Title	_____	Surname	_____
First Names(s)	_____		
Physical address	_____		
			Code _____
Please tick relevant box for method of identification:			
Identity document	<input type="checkbox"/>	or passport (non residents only)	<input type="checkbox"/>
ID no./passport no.	_____		
Date of birth	DD	MM	YYYY
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Member/s:			
If natural persons:			
Title	_____	Surname	_____
First Names(s)	_____		
Physical address	_____		
			Code _____
Please tick relevant box for method of identification:			
Identity document	<input type="checkbox"/>	or passport (non residents only)	<input type="checkbox"/>
ID no./passport no.	_____		
Date of birth	DD	MM	YYYY
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

Member/s:			
If natural persons:			
Title	_____	Surname	_____
First Names(s)	_____		
Physical address	_____		
			Code _____
Please tick relevant box for method of identification:			
Identity document	<input type="checkbox"/>	or passport (non residents only)	<input type="checkbox"/>
ID no./passport no.	_____		
Date of birth	DD	MM	YYYY
	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>

If member is a Trust/Company/CC:	
Registered name	_____
Physical/business address	_____
Trust/Company/CC No.	Code _____
	<input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
Entity registration documents attached	<input type="checkbox"/>

Supporting documentation required

To Verify details of: Authorised representatives Members	To verify identity: If South African: <input type="checkbox"/> copy of SA barcoded ID or <input type="checkbox"/> copy of SA passport <input type="checkbox"/> copy of utility bill If foreign: <input type="checkbox"/> copy of passport <input type="checkbox"/> copy of utility bill
Entities	<input type="checkbox"/> copy of relevant registration documents NB: INCLUDE GROUP STRUCTURE

Compliance Comments: