



**the dti**  
 Department:  
 Trade and Industry  
 REPUBLIC OF SOUTH AFRICA



## FICA CHECKLIST

### Summary of Regulations to the Financial Intelligence Centre Act 38 of 2001

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

## NON PROFIT COMPANIES

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

Documents necessary to verify the Identity of a SA unlisted company	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Copy of CM1/ CoR15.1/CoR 15.1/CoR14.1/CoR 14.3 (certificate of incorporation/registration certificate) Copy of CM9/CoR 15.2 (certificate of name change) (if applicable) Copy of CM22/CoR 21/CoR39 (certificate of registered address) <b>and/OR</b> Copy of CM29/ CoR39 (list of directors) (if not listed on the CM22); <b>OR</b> CIPC (certificate of confirmation) printouts of the CM documents
Identity of the company representative	<input type="checkbox"/>	Official documentation issued by the foreign country
Physical address of unlisted company	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <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) <b>OR</b> Copy of lease or rental agreement reflecting start and end date of lease <b>OR</b> Affidavit confirming proof of address (no less than 3 months old) <b>OR</b> Copy of Telkom account or any other account reflecting name and residential address (no less than 3 months old) <b>OR</b> Copy of signed letterhead
SARS Certificates	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>	Tax Clearance Certificate that is still valid (not expired) Tax Clearance Pin Number Certificate that is still valid (not expired) VAT Registration Certificate
Proof of Authority to act on behalf of the company	<input type="checkbox"/> <input type="checkbox"/>	Attach a resolution appointing the authorised person <b>OR</b> 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"/> <input type="checkbox"/> <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) <b>OR</b> Copy of lease or rental agreement reflecting start and end date of lease and reflecting name and residential address <b>OR</b> Affidavit confirming proof of address (no less than 3 months old) <b>OR</b>

## ANNEXURE A: FICA CLIENT INFORMATION FORM

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

<b>Company Representative:</b>							
Title _____	Surname _____						
First Names(s) _____							
Physical address _____							
Code _____							
<b>Please tick relevant box for method of identification:</b>							
Identity document <input type="checkbox"/>	or passport (non residents only) <input type="checkbox"/>						
ID no./passport no. _____							
Date of birth	<table style="display: inline-table; border: none;"> <tr> <td style="text-align: center;"><b>DD</b></td> <td style="text-align: center;"><b>MM</b></td> <td style="text-align: center;"><b>YYYY</b></td> </tr> <tr> <td style="text-align: center;"><input type="checkbox"/><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/><input type="checkbox"/></td> <td style="text-align: center;"><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/><input type="checkbox"/></td> </tr> </table>	<b>DD</b>	<b>MM</b>	<b>YYYY</b>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>
<b>DD</b>	<b>MM</b>	<b>YYYY</b>					
<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/>	<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>					

### Supporting documentation required

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

### Compliance Comments: