

Withholding Tax on Interest: Exemption
Collective Investments (Unit Trusts)

Declaration and Undertaking to be made by the beneficial owner of interest (Exemption from Withholding Tax on Interest)

Notes on completion of this form:

- This form is to be completed by the foreign person to or for the benefit of which the interest is paid in order for the exemptions from withholding tax on interest, referred to in section 50D(3) read with section 50E(2) of the Income Tax Act, 1962 (Act No 58 of 1962) (the Act), to apply
In order to qualify for an exemption as referred to above, this declaration and written undertaking should be submitted to STANLIB before payment of the interest. Failure to do so will result in the full 15% tax on interest being withheld/payable.
If this declaration is made as a result of a change in circumstances of the beneficial owner, please ensure that the date from which the change is effective is completed in the sections below.
Non South African residents seeking to qualify for a reduced rate should not complete this form. Please use the form for reduced rates.

PART A: WITHHOLDING AGENT

This part is to be pre-populated by the company or regulated intermediary

REGISTERED NAME*
INTEREST TAX REFERENCE NUMBER
CONTACT DETAILS

*Compulsory fields

PART B: BENEFICIAL OWNER

This part is to be completed by the person entitled to the benefit of the interest.

CLIENT TYPE

CLIENT TYPES
NATURAL PERSON
JURISTIC
NATURAL PERSON: INDIVIDUAL, REFUGEE, FOREIGN INDIVIDUAL, ASYLUM SEEKER, INSOLVENT ESTATE, DIRECTOR OF PRIVATE COMPANY/MEMBER OF A CC, PERSONAL SERVICE PROVIDER
JURISTIC: ASSOCIATION NOT FOR GAIN, CLUBS, CLOSE CORPORATION, CORPORATE: ESTATE / LIQUIDATION, ESTATE LATE, FOREIGN COMPANY, LISTED COMPANY, OTHER COMPANY, PARTNERSHIP, RETIREMENT FUND (PENSION, PROVIDENT, BENEFIT, RA), RSA GOVERNMENT, PROVINCIAL ADMINISTRATION, MUNICIPALITIES, SOCIETY, STOKVEL, TRUST, UNLISTED COMPANY, UNINCORPORATED BODY OF PERSONS

FULL NAMES SURNAME / REGISTERED NAME*
IDENTITY/PASSPORT/REGISTRATION NUMBER*
TAX REFERENCE NUMBER*
COUNTRY IN WHICH RESIDENT FOR TAX PURPOSES:
INVESTMENT/ENTITY NUMBER

*Compulsory fields



CLIENT'S PHYSICAL ADDRESS

COMPLEX / UNIT / HOUSE NUMBER *

COMPLEX NAME / ESTATE *

STREET NUMBER *

STREET NAME / FARM NAME / AREA NAME *

SUBURB / DISTRICT *

CITY / TOWN *

COUNTRY * CODE *

* Note that this is a compulsory field.

CLIENT'S POSTAL ADDRESS

SAME AS PHYSICAL ADDRESS

PO BOX NUMBER

POST OFFICE NAME

POSTAL CODE

PRIVATE BAG NUMBER

POST OFFICE NAME

POSTAL CODE

POSTNET SUITE NUMBER

PRIVATE BAG NUMBER

POST OFFICE NAME

POSTAL CODE

PART C: EXEMPTION

This part is to be completed by the person entitled to the benefit of the interest. Please indicate the reason why the beneficial owner is exempt from the Withholding Tax on Interest:

Ai	Section 50D(3)(a) - Foreign (natural) person physically present in SA for more than 183 days in aggregate during the 12 months prior to the payment
Bi	Section 50D(3)(b) - Debt claim connected with a permanent establishment in the Republic of South Africa (and the foreign person is registered as a taxpayer in SA)
Ci	Exempt / Not taxable in terms of Double Taxation Agreement
Di	Exempt / Not taxable in terms of another International Agreement
Ei	Other / Not able to distinguish to applicable exemption code Note: choosing this option could trigger an audit case

If you have selected Exemption Reason Ei in the table above, please specify the details in the space provided below.



DECLARATION IN TERMS OF SECTIONS 50D OR 50E(2) OF THE ACT:

I (full names in print please), the undersigned hereby

declare that the foreign person referred to in Part B to or for the benefit of which the interest is paid is exempt from the withholding tax on interest in terms of section 50D(3) of the Act, or otherwise, as indicated above.

THE DATE FROM WHICH THIS DECLARATION IS EFFECTIVE - -
D D M M Y Y Y Y

SIGNATURE (DULY AUTHORISED TO DO SO) DATE - -
D D M M Y Y Y Y

CAPACITY OF SIGNATORY (IF NOT THE BENEFICIAL OWNER)

UNDERTAKING IN TERMS OF SECTIONS 50D OR 50E(2) OF THE ACT:

I (full names in print please), the undersigned

undertake to forthwith inform the Withholding Agent in writing should the circumstances of the beneficial owner referred to in the declaration above change.

SIGNATURE (DULY AUTHORISED TO DO SO) DATE - -
D D M M Y Y Y Y

CAPACITY OF SIGNATORY (IF NOT THE BENEFICIAL OWNER)

