E-mail instructions@stanlib.com

STANLIB

Withholding Tax on Interest: Reduced Rate

Collective Investments (Unit Trusts)

Declaration and Undertaking to be made by the beneficial owner of interest (Reduced Rate 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 reduced rate of withholding tax on interest, referred to in section 50E(3) of the Income Tax Act, 1962 (Act No 58 of 1962)(the Act) as well as the provisions of the Agreement for the Avoidance of Double Taxation and Prevention of Fiscal Evasion (DTA) between the Republic of South Africa and the country of residence of the beneficial owner, to apply.
- In order to qualify for a reduced rate 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.
- Where the beneficial owner is a foreign resident but does not qualify for a reduced rate this form should NOT be completed.

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 ☐ FOREIGN INDIVIDUAL ☐ INSOLVENT ESTATE ☐ DIRECTOR OF PRIVATE COMPANY/MEMBER OF A CC ☐ REFUGEE ☐ ASYLUM SEEKER ☐ 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

DECLARATION IN TERMS OF SECTION 50E(3) OF THE ACT:

I *(full names in print please)*, the undersigned hereby declare that all the relevant requirements in terms of Article of the Agreement for the Avoidance of Double Taxation and Prevention of Fiscal Evasion (DTA) in force on the relevant date between the Republic of South Africa and the country of residence of the beneficial owner specified in Part B above, have been met and that the interest is therefore subject to a reduced rate of %.

THE DATE FROM WHICH THE 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 SECTION 50E(3) 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)