



Money Market

Annexure B

Client Type:

Individual Company CC Trust Partnership Body Corporate Other

Entity Registration Number: _____
Individual ID Number: _____
Physical Address: _____
Postal Address: _____

Contact:

Tel. No: _____
Fax no: _____
Cell No: _____

Would you like your statement E-mailed?

Yes No

E-mail Address: _____

Banking Details:

Bank: _____
Branch: _____
Branch Code: _____
Account Number: _____
Account Holder: _____

I hereby declare that all the information provided above is complete, accurate and true. I acknowledge that I am aware that LEGACY NOMINEES will act on the information provided above.

I hereby acknowledge and accept having read and understood the contents above.

Dated at _____ this _____ day of _____ 2010

Legacy Nominees (Pty) Ltd

Agent Name: _____

Client: _____