



DMA Direct - Advisor checklist

Date:
Client name:

FICA

- Client ID - Certified
- Client Proof of Address - Certified
- Proof of bank - Certified

FAIS (Advisor Specific)

- Advisor Record of Advice
- Risk profiler
- Quote (If applicable)
- Product Literature
- Letter of introduction + Disclosures
- Letter of Appointment (If applicable)

FAIS (Interactive Portfolios)

- Letter of introduction + Disclosures
- Signed Interactive Investment Mandate
- Signed Portfolio Factsheet (If applicable)
- Signed Underlying Fund factsheets

DMA Application forms

- DMA Application form
- Power of Attorney
- W8BEN form

Intelligent Investing

DMA Account Opening

Process Document

1. Account opening documents

The following account opening documents are **attached**:

- DMA Information gathering form
- DMA Power of Attorney
- W8BEN form

The following documentation must be obtained from Interactive Portfolios:

- Investment portfolio quotation
- Investment Mandate
- Factsheet/Investment portfolio

FICA documents to accompany the application

- Client ID/valid passport– certified
- Client proof of residence – certified
- Proof of banking details (bank account the funds are being paid from) – Certified

2. Account Opening Process:

- The completed and signed account opening forms and FICA documents are submitted to Interactive Portfolios for processing.

3. Account Funding:

- Once the DMA account is open, Interactive Portfolios will provide the relevant banking details to be used.

4. Investment Management:

- Once the account is active and funded:
 - Interactive Portfolios will invest the client’s funds as per the mandate and factsheet.
 - Interactive Portfolios will send the initial statement as confirmation of funds and trade

5. Ongoing maintenance

- Interactive Portfolios will send the client a statement and quarterly personalised factsheet.
- Interactive will also be able to review the portfolio with the client as and when requested by the advisor.

INTERACTIVE PORTFOLIOS (PTY) LTD

**(REGISTRATION NUMBER: 1947/027603/07)
(HEREINAFTER REFERRED TO AS "THE FSP")**

Address: Unit 2 - Ground Floor, 3 Melrose Boulevard,
Melrose Arch, 2196

INFORMATION GATHERING

Title _____

Full name: _____

ID/Reg number/Passport: _____

Country of birth: _____

Town/City of Birth: _____

Date of Birth: _____

Nationality: _____

Marital status: _____

Do you have multiple passports: _____

(If yes please list all) _____

Physical address: _____

Postal Code: _____

Country of address: _____

Cell Number: _____

Home number _____

Office Number: _____

Email address _____

Employment status: _____

Employer Name: _____

Nature of business: _____

Job Title: _____

Monthly income after tax: _____

Monthly Expenses: _____

Total Investments and Savings: _____

Tax residency: _____

Income tax number: _____

Are you registered for Tax in any other countries?
(If yes, please list country and Tax No.) _____

Source of Funds for investments _____

Full Name: _____ (hereinafter referred to as the 'Principal')

Address: _____

Phone: _____

Postcode: _____ **Country:** _____ **Email:** _____

HEREBY GRANTS POWER OF ATTORNEY TO

Company Name: _____ (hereinafter referred to as the 'Attorney')

Company Reg No.: _____ **Attorney's relationship to the Principal:** _____

Address: _____

Phone: _____

Postcode: _____ **Country:** _____ **Email:** _____

for and in respect of account reference(s):

(Insert the account number for the account(s), if known. Otherwise or if left blank, this power of attorney shall only apply to the account(s) for which the Attorney is the introducing broker and adviser or discretionary manager to the account(s).)

to perform all transactions and legal acts according to SCM DMA (Pty) Ltd ("DMA") General Business Terms or any other terms which are entered into with DMA and which govern the client relationship as if they were performed by the Principal itself.

The Attorney agrees that if it breaches any term of DMA's General Business Terms it shall keep DMA indemnified against any loss, damage or expense incurred by DMA as a result of such breach.

Thus, the Principal understands and agrees that:

1. DMA may accept from the Attorney, without inquiry or investigation: (i) any instruction or order to transact all instruments available on DMA's trading systems including financial securities, derivatives, and any other property in the Principal's account(s) on margin or otherwise; and (ii) any instruction regarding the withdrawal and/or transfer of funds to credit or debit the Principal's account;
2. DMA shall have no responsibility or liability to the Principal in following the Attorney's instructions;
3. DMA is under no duty to supervise or otherwise know or review the trading practices, advice or any other acts carried out by the Attorney and DMA relies on the Principal monitoring the trading and transactions on the account(s) conducted by the Attorney;
4. The Principal hereby agrees to indemnify DMA for any losses or damages caused to DMA by any act or omission of the Attorney whatsoever (including but not limited to any losses incurred as a result of DMA acting on instructions given by the Attorney);
5. DMA is allowed to provide the Attorney with direct access to the account and reveal all information about the account to the Attorney and thus, for instance, send copy of any and all transaction notes, account statements etc. to the Attorney so that the Attorney may satisfy any of the it's legal and regulatory requirements on records retention;
6. DMA may establish internet trading facilities according to the instructions of the Attorney for purposes of executing trades on behalf of the Principal on any of DMA's internet trading systems;
7. This Power of Attorney shall be governed by and construed in accordance with laws of the Republic of South Africa and all Parties irrevocably agrees that the courts of South Africa shall have exclusive jurisdiction to determine any proceedings; and

8. This Power of Attorney shall remain effective until revoked in writing by the Principal and correspondingly confirmed in writing by DMA. Any revocation of the authority given to the Attorney shall not affect the validity, ratification and indemnity with respect to any transaction initiated or instruction given by the Attorney prior to confirmation by DMA of such notice. For avoidance of doubt, upon revocation, all rights of the Attorney under this Power of Attorney shall no longer apply.
The death, bankruptcy, or mental incapacity, or, where relevant, any insolvency event such as, but not limited to, the dissolution, winding up or liquidation of either the Principal or the Attorney shall also act to revoke this power of attorney. The effective date of revocation under this clause shall be the date upon which DMA receives documentary evidence of any such event, to its satisfaction, and confirms receipt of that evidence.
9. This Power of Attorney may be executed in two counterparts, which together will have the same effect as if the Principal and the Attorney had signed the same document. The Principal and/or the Attorney may deliver an executed copy of this Power of Attorney to DMA by emailing a scanned copy of the executed Power of Attorney to DMA, and such delivery shall have the same force and effect as delivery of an original signed copy of this Power of Attorney.

THIS POWER OF ATTORNEY IS EXECUTED, IS DELIVERED AND TAKES EFFECT ON THE DATE OF THE LAST SIGNATURE BELOW.

DMA may undertake checks on the identity and residential address of the Attorney by electronic means or require the Attorney to provide documentary evidence for this purpose. By signing this document, the Attorney consents to and accepts the Privacy and Data Protection policy of DMA.

I, THE PRINCIPAL, HEREBY AGREE TO ALL OF THE TERMS SET OUT ABOVE.

I, THE ATTORNEY, HEREBY AGREE TO ALL OF THE TERMS SET OUT ABOVE.

The Principal

Signature

Full Name:

Date:

The Attorney

Signature *Je*

Full Name:

Title:

Date:

Certificate of Foreign Status of Beneficial Owner for United States Tax Withholding and Reporting (Individuals)

► **For use by individuals. Entities must use Form W-8BEN-E.**
► **Go to www.irs.gov/FormW8BEN for instructions and the latest information.**
► **Give this form to the withholding agent or payer. Do not send to the IRS.**

Do NOT use this form if:

- You are NOT an individual **W-8BEN-E**
- You are a U.S. citizen or other U.S. person, including a resident alien individual **W-9**
- You are a beneficial owner claiming that income is effectively connected with the conduct of trade or business within the United States (other than personal services) **W-8ECI**
- You are a beneficial owner who is receiving compensation for personal services performed in the United States **8233 or W-4**
- You are a person acting as an intermediary **W-8IMY**

Instead, use Form:

Note: If you are resident in a FATCA partner jurisdiction (that is, a Model 1 IGA jurisdiction with reciprocity), certain tax account information may be provided to your jurisdiction of residence.

Part I Identification of Beneficial Owner (see instructions)

1 Name of individual who is the beneficial owner		2 Country of citizenship	
3 Permanent residence address (street, apt. or suite no., or rural route). Do not use a P.O. box or in-care-of address.			
City or town, state or province. Include postal code where appropriate.		Country	
4 Mailing address (if different from above)			
City or town, state or province. Include postal code where appropriate.		Country	
5 U.S. taxpayer identification number (SSN or ITIN), if required (see instructions)			
6a Foreign tax identifying number (see instructions)		6b Check if FTIN not legally required <input type="checkbox"/>	
7 Reference number(s) (see instructions)		8 Date of birth (MM-DD-YYYY) (see instructions)	

Part II Claim of Tax Treaty Benefits (for chapter 3 purposes only) (see instructions)

9 I certify that the beneficial owner is a resident of _____ within the meaning of the income tax treaty between the United States and that country.

10 Special rates and conditions (if applicable—see instructions): The beneficial owner is claiming the provisions of Article and paragraph _____ of the treaty identified on line 9 above to claim a _____ % rate of withholding on (specify type of income): _____.

Explain the additional conditions in the Article and paragraph the beneficial owner meets to be eligible for the rate of withholding: _____.

Part III Certification

Under penalties of perjury, I declare that I have examined the information on this form and to the best of my knowledge and belief it is true, correct, and complete. I further certify under penalties of perjury that:

- I am the individual that is the beneficial owner (or am authorized to sign for the individual that is the beneficial owner) of all the income or proceeds to which this form relates or am using this form to document myself for chapter 4 purposes;
- The person named on line 1 of this form is not a U.S. person;
- This form relates to:
 - (a) income not effectively connected with the conduct of a trade or business in the United States;
 - (b) income effectively connected with the conduct of a trade or business in the United States but is not subject to tax under an applicable income tax treaty;
 - (c) the partner's share of a partnership's effectively connected taxable income; or
 - (d) the partner's amount realized from the transfer of a partnership interest subject to withholding under section 1446(f);
- The person named on line 1 of this form is a resident of the treaty country listed on line 9 of the form (if any) within the meaning of the income tax treaty between the United States and that country; and
- For broker transactions or barter exchanges, the beneficial owner is an exempt foreign person as defined in the instructions.

Furthermore, I authorize this form to be provided to any withholding agent that has control, receipt, or custody of the income of which I am the beneficial owner or any withholding agent that can disburse or make payments of the income of which I am the beneficial owner. **I agree that I will submit a new form within 30 days if any certification made on this form becomes incorrect.**

Sign Here ▶

I certify that I have the capacity to sign for the person identified on line 1 of this form.

Signature of beneficial owner (or individual authorized to sign for beneficial owner)

Date (MM-DD-YYYY)

Print name of signer