APPLICANT IDENTIFICATION FORM

IDENTIFICATION INFORMATION	REQU	IRED DOCUMENTS
Full name (if a juristic person, full registered name):	Сору с	of registration documents
	from C	IPC or other official registry
Trading name (<u>if different from registered name</u>):		
Identification/Passport/Registration number:		
In the case of a juristic person, registered address:	Proof of	of address not more than 3
	month	s old e.g. bank statement,
		itilities/telephone account or
Physical address of the Applicant's principal place of business (if different from		agreement showing
registered address):	physic	cal address
Please briefly describe the Applicant's business:		
In making this application, is the Applicant representing someone else?		
If so, please provide a completed and signed Applicant Identification Form person whom it represents.	m for bot	h the Applicant and the
Applicant's VAT registration number:		
Is the Applicant listed on a registered stock exchange?	YES	NO
If YES, please advise on which Stock Exchange the Applicant is		
listed:		
IDENTIFICATION OF PERSONS AUTHORIZED TO REPRESENT THE APPL		
Full names:		For each contact person
Identity or passport number:		please provide a copy of
Job title/Designation:		their identity document or passport
Phone number:		Where the contact person
Email address:		is authorized by to
Basis of Authority:		represent the Applicant by
Physical address:		a written mandate, please provide a copy of that
		written mandate
Full names:		
Identity or passport number:		
Job title/Designation:		
Phone number:		
Email address:		

Basis of Authority:				
Physical address:				
ULTIMATE BENEFICIAL OWNERS				
If the Applicant is a juristic person, please identify the human beings who u	ltimately	y own the Applicant. If the		
Applicant is owned by juristic persons, please provide the full names of all the A	Applican	t's direct and indirect juristic		
owners until the human beings who ultimately directly or indirectly control the Applicant are identified.				
Please identify the humans who effectively control the Applicant's management.				
Please provide an organogram showing the ownership and control structure				
Applicant and its ultimate beneficial owners. Please show on your organogram the				
full names of every entity or person included and the identity or past	ssport	Organogram		
numbers of the human/s who ultimately own or control the Applicant.				
SECTION A: FOR EACH HUMAN/S WHO DIRECTLY OR INDIRECTLY OWNS OR CONTROLS THE APPLICANT, PLEASE PROVIDE THE FOLLOWING INFORMATION				
Full names:		ach human who directly or		
ID/Decenert Number		tly owns or controls the		
ID/Passport Number:	Applica	ant, please provide a copy of		
Percentage shares/votes controlled:%	that person's identity document or passport.			
Please explain how that human controls the Applicant eg shareholder:	μασορι			
	If the	Applicant is an unlisted		
Full names:	compa	ny, please provide:		
ID/Passport Number:	1. a c	copy of the Applicant's share		
Percentage shares/votes controlled:%	reg	gister; or		
Please explain how that human controls the Applicant eg shareholder:	2. ale	etter from the Applicant's		
		ternal auditors or external		
Full names:		are transfer secretary's letter		
ID/Passport Number:	list	ing the names of the		
Percentage shares/votes controlled:%		mans who ultimately, directly indirectly, own or control the		
Please explain how that human controls the Applicant eg shareholder:		ares in the Applicant.		
Full names:				
ID/Passport Number:				
Percentage shares/votes controlled:%				
Please explain how that human controls the Applicant eg shareholder:				

SECTION B: FOR EACH OF THE APPLICANT'S CONTROLLING DIRECTORS (I.E. BOARD OF DIRECTORS, CFO, CEO), PLEASE PROVIDE THE FOLLOWING INFORMATION				
Full names:				
ID/Passport Number:	Please provide a copy of this person's identity document or passport			
Job title/Designation:				
Phone number:				
Email address:				
Physical address:	Please provide proof of this person's physical address which is not more than 3 months old e.g. rates or utility invoice			
Full names:				
ID/Passport Number:	Please provide a copy of this person's identity document or passport			
Job title/Designation:				
Phone number:				
Email address:				
Physical address:	Please provide proof of this person's physical address which is not more than 3 months old e.g. rates or utility invoice			
Full names:				
ID/Passport Number:	Please provide a copy of this person's identity document or passport			
Job title/Designation:				
Phone number:				
Email address:				
Physical address:	Please provide proof of this person's physical address which is not more than 3 months old e.g. rates or utility invoice			

•	in my capacity as of			
(Applicant) confirm that all the information contained in this form and the documents provided to Island View Storage Proprietary Limited trading as Bidvest Tank Terminals (BTT) with this form is true and correct. I understand that BTT may ask for extra information or documents after it reviews this form and the documents				
which accompany it.				
Signed at on	day of			
FULL NAMES	SIGNATURE			