

KNOW YOUR CLIENT (KYC) UPDATE FORM – NATURAL PERSON

Investor Details

Surname		Title	
Full Name(s)		Client No.	
Residential Address			
E-mail Address			
Employment Type	<input type="checkbox"/> Minor	<input type="checkbox"/> Unemployed	
	<input type="checkbox"/> Salary Earner ¹	¹ Name of Employer	
		¹ Position at Workplace	
	<input type="checkbox"/> Self Employed ²	² Provide details of type and nature of business	
<input type="checkbox"/> Pensioner ³	³ Name of Pension Fund		

Source of Income

Please select and complete all the applicable Source of Income fields below.			
Source of Income Type	Documents Required	Payment Interval	Total Amount
<input type="checkbox"/> Salary	<ul style="list-style-type: none"> Latest Pay slip or; A letter from the employer stating your net income 	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	N\$
<input type="checkbox"/> Business Income	<ul style="list-style-type: none"> A copy of the company's latest audited financial statement or; Latest management accounts or; Letter from the accountants stipulating the annual turnover and net profit for the year 	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	N\$
<input type="checkbox"/> Employers Pension Fund	<ul style="list-style-type: none"> A copy of the letter/statement from the employer's pension fund showing the amount due and payable to you 	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	N\$
<input type="checkbox"/> Rental Income	<ul style="list-style-type: none"> A copy of the property rental agreement 	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	N\$
<input type="checkbox"/> Dividends	<ul style="list-style-type: none"> Share Certificate or; Company Status report 	<input type="checkbox"/> Monthly <input type="checkbox"/> Quarterly <input type="checkbox"/> Semi-Annually <input type="checkbox"/> Annually	N\$
Total Source of Income			N\$

Investor Declaration

I, herewith declare that all information provided above by me is true and correct. I acknowledge that the Administrator (Capricorn Asset Management) may report any information provided by me to the Financial Intelligence Centre.

Signature of Investor/Financial Advisor _____ **Signed at** _____ **Date** _____