

Segregated Depository Account

Application Form

Completed Applications must be returned to the Custody & Settlement Service Desk:

Strate Ltd
1st Floor
9 Fricker Road
Illovo Boulevard
Illovo
Sandton
2146

P O Box 78608
Sandton
2146

Email: stratehelpdesk@strate.co.za

Fax: 0117595503

INSTRUCTIONS FOR COMPLETION OF THIS FORM

1. Complete **all** relevant sections.
2. Please note that this is a generic application form for the opening of Segregated Depository Accounts in both the Equities and Bonds environments.
3. Participants requesting a Segregated Depository Account for Clients in the Bonds environment must **FIRST** complete this application form. Once approval has been granted by the Strate Custody and Settlement division, the requesting Participant may proceed and open the Bonds Segregated Depository Account - informing Strate Custody and Settlement division of the applicable account number.
4. Responses must be typed or written in **CAPITAL** letters.

Section 1: Segregated Depository Account - Client / Applicant details

Full Name of Client / Applicant:

1. Client / Applicant Details

1.1 SDA Client Details

1.1.1. Name of Client / Applicant (Full Registered Name)

1.1.2. Contact Person at Participant responsible for the SDA client

Full Name & Designation	Tel. Number	Mobile Number	Email Address

1.1.3. Country of Incorporation

1.1.4. Company Registration Number / SA Id no /

Foreign Passport

1.1.5. VAT Number * if applicable

1.1.6. SARS Income Tax Number * if applicable

1.1.7. Primary Participant

1.1.8. Secondary Participant

2. Acknowledgement of Responsibilities

The Participant hereby certifies that, to the best of its knowledge, the information given herein is complete and accurate in all respects.

The Participant hereby undertakes to advise Strate of any change to the information provided herein within 21 days of such change.

The Participant agrees to hold Strate harmless against any claim brought by the Participant due to any incorrect information contained in this document.

It is furthermore recorded that the Participant will be bound to the Strate Rules and Directives, as applicable.

For and on behalf of the Client/ Applicant

Name: _____

Title: _____

Company: _____

Date: _____

Section 3: Primary Participant details

All shaded fields will be completed by Strate

Section 3: Primary Participant Profile												
Participant Name*												
Primary Participant SDA no. **												
Primary Participant BP ID/Participant code												
SDA Effective Date												

I _____ in my capacity as _____ at the Primary Participant hereby confirm that the Client Mandate requirements in terms of the CSD Rules have been met.

Sign: _____

Date: _____

* **Mandatory fields to be completed.**
 ** **To be provide to Strate by Primary Participant for Bonds only.**

Section 4: Secondary Participant details

All shaded fields will be completed by Strate

Section 4: Secondary Participant Profile												
Participant Name*												
Secondary Participant SDA no. **												
Secondary BP ID/Participant code												
SDA Effective Date												
Contact Person at Secondary Participant:												
Full Name & Designation	Tel. Number			Mobile Number			Email Address					

I _____ in my capacity as _____ at the Secondary Participant hereby confirm that the Client Mandate requirements in terms of the CSD Rules have been met.

Sign: _____

Date: _____

* *Mandatory fields to be completed.*

** *To be provide to Strate by Primary Participant for Bonds only.*