

**THE FINANCIAL INTELLIGENCE CENTRE ACT**  
**Act No. 38 of 2001**

Record of Prescribed Client Particulars: (Natural Person: South African Citizen)

**PERSONAL DETAILS**

1. Full Names: .....
2. Date of Birth: .....
3. Identity Number: .....
4. If no Identity Number available:-
  - 4.1. Reason for unavailability: .....
  - 4.2. Passport No: ..... Drivers License No: .....
5. Residential Address: .....
6. Postal Address: .....
7. Telephone Numbers:
  - 7.1. Home: .....
  - 7.2. Business: .....
  - 7.3. Mobile: .....
8. Email Address: .....

**SCHEDULE OF SUPPORTING DOCUMENTS REQUIRED**

*The following documentation is required for the purposes of verification of above information*

1. Certified copy of ID (alternatively and only if ID not existing then of Passport/ Drivers License)
2. Proof of residential address by way of copy of municipal utilities bill addressed to you by name or other correspondence from credible source directed to the address stated in paragraph 5 above.

I declare these particulars to be correct.

DATE: ..... CLIENT SIGNATURE .....

NAME OF EMPLOYEE WHO ASSISTED IN OBTAINING AND VERIFYING INFORMATION:

FULL NAMES: .....

SIGNATURE: .....

COMPLIANCE OFFICER'S RATIFICATION OF SCHEDULE AND ANNEXURES:

NAME OF COMPLIANCE OFFICER: .....

DATE: ..... SIGNATURE: .....