

*This document has been created to serve as a declaration of the primary source of funds.
It is to be completed by the client.*

Date

Client's full name(s) and surname

Identification/

Passport number Account description (Product)

Frequency of funds received Weekly Monthly Annually Other (specify)

Name of employer/Business/Source

Industry sector (if applicable) Registration number (if applicable)

INDIVIDUAL – DETERMINED FUNDS		
<input type="checkbox"/> Salary earner	Position Amount N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual who receives a determined amount of funds. The individual and employer are contractually bound. The contract does not contain a specified termination date.
<input type="checkbox"/> Self-employed	Nature of business activity General source of funds: <input type="checkbox"/> Contracts <input type="checkbox"/> Retail <input type="checkbox"/> Import <input type="checkbox"/> Export <input type="checkbox"/> Rent <input type="checkbox"/> Other (specify) Expected monthly turnover N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual in the event that funds received are self-generated.
<input type="checkbox"/> Director of own small business or unlisted company OR <input type="checkbox"/> Director of a listed company	Type of fund: <input type="checkbox"/> Salary <input type="checkbox"/> Dividends/Profit share <input type="checkbox"/> Interest on loans <input type="checkbox"/> Bonuses <input type="checkbox"/> Other (specify) Amount N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual who acts as a director of all forms of unlisted companies or for a listed company. All funds received must be clearly stated.
<input type="checkbox"/> Pension	Name of pension fund Member pension number First payment date (ddmmyyyy) Payment type: <input type="checkbox"/> Annuity <input type="checkbox"/> Once-off payment <input type="checkbox"/> Interest Amount N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual who obtains funds from a pension fund.
<input type="checkbox"/> Maintenance	Name of depositor Maintenance order number Amount N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual who receives funds due to a maintenance order.

<input type="checkbox"/> Court order	Name of depositor Nature of fund Amount N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual who receives funds due to a court order. The nature of the funds must be clearly stated.
<input type="checkbox"/> Other source of funds	Fund source Nature of fund Amount N\$ Additional fund source (if applicable) Percentage (if applicable) Amount (if applicable) N\$	This section is to be completed by all entities for instances not catered for in this document.
INDIVIDUAL – VARIABLE FUNDS		
<input type="checkbox"/> Commission fund account	Specify type of commission Estimated amount N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual who receives funds based on performance.
<input type="checkbox"/> Member of close corporation	Member interest (%) Type of fund: <input type="checkbox"/> Salary <input type="checkbox"/> Profit share <input type="checkbox"/> Interest of loans <input type="checkbox"/> Bonuses <input type="checkbox"/> Other (specify) Amount N\$ Additional fund source (if applicable) Amount (if applicable) N\$	This section is to be completed by an individual who forms part of the membership and thus has an interest in a close corporation. All funds received from the entity must be clearly stated.

DECLARATION BY CLIENT

I, (full names),
 Identification/
 Passport number, hereby confirm that the information supplied as at date of this document is correct.

Signature Date (ddmmyyyy)