Dematerialised Bonds

Member Settled Details Form

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INSTRUCTIONS FOR COMPLETION OF THIS FORM

1. Complete all relevant sections.
2. Responses must be typed or written in CAPITAL letters. Written submissions must be in ink.
3. All signatures must be original.
4. All supporting documentation referred to in the various sections must accompany the completed Application.

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# MEMBER SETTLED / APPLICANT DETAILS

## Member Settled Client Details

### Name of Member Settled Client / Applicant (Full Registered Name) \*

|  |
| --- |
|  |

### Country Code \*

### Member’s Safe Keeping Account (SCA) \*

### Member’s Cash Account \*

### Member Settled Client Strate Code \*\*

To be allocated by Strate

\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_

\*M***andatory fields to be completed.***

# 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: \_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_\_