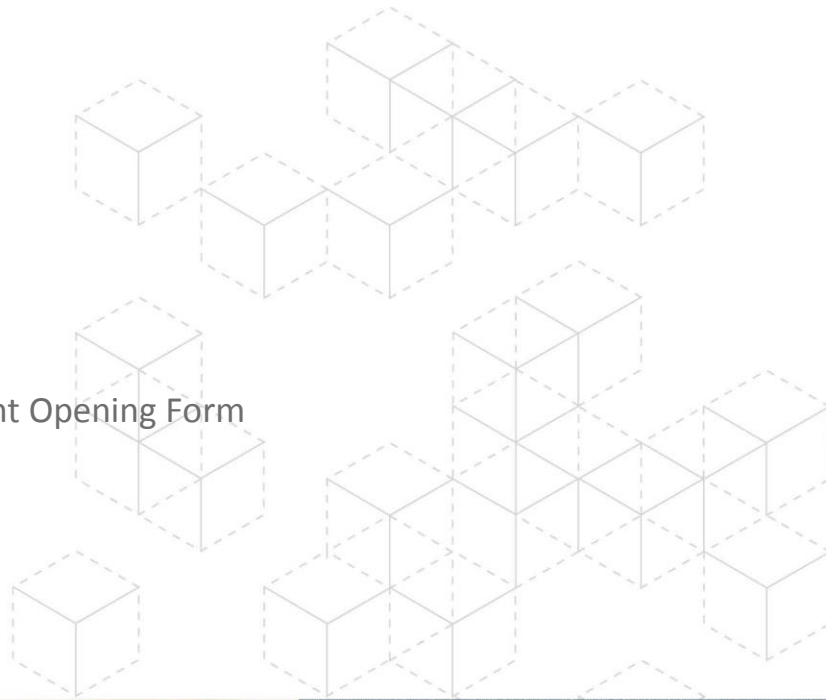
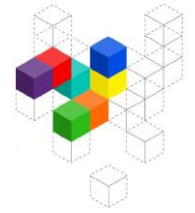


Dematerialised Bonds

Central Securities Account (CSA) – Account Opening Form

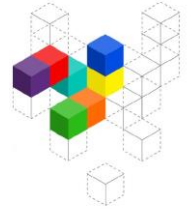




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This material remains the sole property of Strate (Pty) Ltd.*

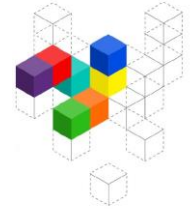
INSTRUCTIONS FOR COMPLETION OF THIS FORM

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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1. CLIENT / APPLICANT DETAILS

1.1. Central Securities Account (CSA) Client Details

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

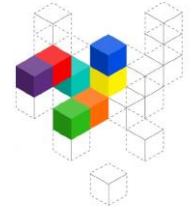
1.1.2. Contact Person at Participant responsible for the CSA Client *

Full Name and Designation	Telephone Number	Mobile Number	Email Address

1.1.3. Non-member Settled Client Details (as per .csv file) – For a new Non-member Settled Client *

1.1.4. Non-member Settled Client Details (as per .csv file) – For an existing Non-member Settled Client *

***Mandatory fields to be completed.**



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.

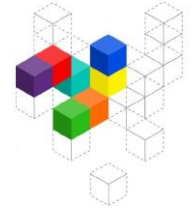
For and on behalf of the Client / Applicant

Name: _____

Title: _____

Company: _____

Date: _____



3. PRIMARY PARTICIPANT DETAILS

All shaded fields will be completed by Strate

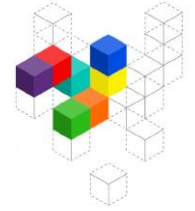
Primary Participant Profile									
Participant Name *									
CSA Number **									
Primary Participant BP ID/Participant code *									
CSA Effective Date (CCYYMMDD)*									

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 provided to Strate by Primary Participant**



4. ACCOUNT LINK DETAILS

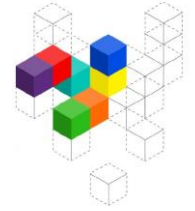
Primary Participant must provide this information to the CSD. This table will enable the Market to provide all static data required from a Settlement perspective.

All shaded fields will be completed by Strate

JCODE **	CSA ***	SAFE Keeping Account of the Client (Mandatory)	Scrip Account Branch code	Cash Account of the Client (Optional)	Cash Account Branch Code

** To be allocated by the CSD.

*** To be allocated by the CSD for a new Client.



5. SECONDARY PARTICIPANT DETAILS (IF APPLICABLE)

All shaded fields will be completed by Strate

Secondary Participant Profile												
Participant Name *												
Secondary Participant CSA Number **												
Secondary Participant BP ID/Participant Code *												
CSA Effective Date (CCYMMDD)*												
Contact Person at Secondary Participant:												
Full Name and Designation	Telephone 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 provided to Strate by Primary Participant**