

Special Power of Attorney

Individuals



This form will only be accepted when submitted with a completed and signed 'Appoint a person to act on my behalf' form available from our Client Services Centre.

I, the undersigned

Title and surname	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	
Date of birth	<input type="text"/>	<input type="text"/>
SA ID number	<input type="text"/>	
Passport number (if foreign national)	<input type="text"/>	
Passport expiry date	<input type="text"/>	Passport country <input type="text"/>
Nationality	<input type="text"/>	
Investor number	<input type="text"/>	

Hereby appoint:

Title and surname	<input type="text"/>	<input type="text"/>
First names	<input type="text"/>	
SA ID / Passport number	<input type="text"/>	
Capacity / relationship to Investor	<input type="text"/>	

To transact on my behalf in respect to the investments I have with Nedgroup Investments under the investor number stated above, without any restriction or limitations and in accordance with the latest, relevant Investment Agreement.

I confirm, for absolute clarity that anything done by the authorised individual in terms of the above-mentioned purpose, shall be regarded, for all intents and purposes, as having been done by myself.

I understand that Nedgroup Investments will accept all instructions made by the authorised individual in respect of the above-mentioned investment with Nedgroup Investments.

I agree to accept full responsibility for all such instructions (and for all transactions that may be entered into as a result) and indemnify Nedgroup Investments against any loss, damage or expense incurred by it, as a result of it acting on such instructions.

This Special Power of Attorney shall operate from the date of my signature until you receive written notification from me to the contrary.

Investor signature

Signed at

on

D	D	M	M	Y	Y	Y	Y
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Authorised
signature

Person appointed to act on your behalf signature

Investor / Authorised
signature

Date

D	D	M	M	Y	Y	Y	Y
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Witness 1

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name

Witness 2

Signature

Date

D	D	M	M	Y	Y	Y	Y
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Name