

EMPLOYER AUTHORISED SIGNATORIES FORM - UPDATE

FUND

PARTICIPATING EMPLOYER NAME: _____

The following persons are authorised to sign on behalf of the company. Please ensure that a primary signatory is provided as well as a back-up signatory in the event of the primary signatory not being available.

AUTHORISED SIGNATORIES

AUTHORISED SIGNATORY I

NAME OF EMPLOYER/PAYPOINT _____

SURNAME _____ FIRST NAMES _____

TELEPHONE NO. _____ FAX NO. _____

EMAIL ADDRESS _____

SPECIMEN SIGNATURE _____ DESIGNATION _____

AUTHORISED SIGNATORY II

NAME OF EMPLOYER/PAYPOINT _____

SURNAME _____ FIRST NAMES _____

TELEPHONE NO. _____ FAX NO. _____

EMAIL ADDRESS _____

SPECIMEN SIGNATURE _____ DESIGNATION _____

AUTHORISED SIGNATORY III

NAME OF EMPLOYER/PAYPOINT _____

SURNAME _____ FIRST NAMES _____

TELEPHONE NO. _____ FAX NO. _____

EMAIL ADDRESS _____

SPECIMEN SIGNATURE _____ DESIGNATION _____

EMPLOYER AUTHORISATION

AUTHORISATION

I _____ (FULL NAME) hereby confirm that:

- As soon as we are aware of a change in signatory (ies), we will notify Verso Financial Services (Pty) Ltd by completing and submitting this form.
- This is the latest form and it replaces / supercedes any other list of authorized signatories that has been provided to Verso Financial Services (Pty) Ltd in the past.
- The Employer accepts full responsibility for the accuracy and integrity of all instructions to Verso Financial Services (Pty) Ltd.
- Certified copies of the Identity Documents of the abovementioned individuals are required for purposes of compliance with the requirement of the Financial Intelligence Centre Act of 2001, and have been attached.

SIGNATURE: _____

DATE: _____

DESIGNATION: _____

COMPANY STAMP: