

GENERAL INFORMATION SCHEDULE

TO BE FILLED IN IF PURCHASER IS A **NATURAL PERSON**

PURCHASER FULL NAMES	
IDENTITY NUMBER	
MARITAL STATUS	
IN OR OUT OF COMMUNITY	
WHERE WAS ANC SIGNED	
TELEPHONE HOME	
TELEPHONE WORK	
EMAIL ADDRESS	
POSTAL ADDRESS	
PHYSICAL ADDRESS	
DATE OF MARRIAGE	
PLACE OF MARRIAGE	
OTHER PROPERTY OWNED	
INCOME TAX NUMBER	
OCCUPATION	
EMPLOYER	

SPOUSE NAME	
SPOUSE IDENTITY NUMBER	
SPOUSE TELEPHONE HOME	
SPOUSE TELEPHONE WORK	
SPOUSE EMAIL ADDRESS	
SPOUSE POSTAL ADDRESS	
SPOUSE PHYSICAL ADDRESS	
OTHER PROPERTY OWNED	
SPOUSE INCOME TAX NUMBER	
SPOUSE OCCUPATION	
SPOUSE EMPLOYER	

CHECKLIST <i>PLEASE TICK WHICH OF THESE HAVE BEEN SUPPLIED</i>	
COPY OF IDENTITY DOCUMENT	
COPY MARRIAGE CERTIFICATE	
PROOF OF RESIDENTIAL ADDRESS	
ANTE NUPTIAL Contract (ANC)	

GENERAL INFORMATION SCHEDULE

TO BE FILLED IN IF PURCHASER IS A **CLOSED CORPORATION**

Name	
Registration Number	
Income Tax Number	
VAT Number	
Auditors	
Signatory obo Purchaser	
Address Purchaser	
Telephone (Office hours)	
Mobile	
E-mail	

ALL MEMBERS

Name (Member 1)	
Identity Number	
Income Tax Number	
Residential Address	
Telephone (Office hours)	
Mobile	
E-mail	
Name (Member 2)	
Identity Number	

Income Tax Number	
Residential Address	
Telephone (Office hours)	
Mobile	
E-mail	
Name (Member 3)	
Identity Number	
Income Tax Number	
Residential Address	
Telephone (Office hours)	
Mobile	
E-mail	

CHECKLIST <i>THE FOLLOWING DOCUMENTS MUST BE SUPPLIED FOR THE CLOSE CORPORATION</i>	
FOUNDING STATEMENT	
PROOF OF ADDRESS	

CHECKLIST <i>THE FOLLOWING DOCUMENTS MUST BE SUPPLIED FOR EACH MEMBER OF THE CLOSE CORPORATION</i>	
ID DOCUMENT	
PROOF OF ADDRESS	

GENERAL INFORMATION SCHEDULE

TO BE FILLED IN IF PURCHASER IS A **COMPANY**

Name	
Registration Number	
Income Tax Number	
VAT Number	
Auditors	
Signatory obo Purchaser	
Address Purchaser	
Telephone (Office hours)	
Mobile	
E-mail	

ALL DIRECTORS

Name (Director 1)	
Identity Number	
Income Tax Number	
Residential Address	
Telephone (Office hours)	
Mobile	
E-mail	
Name (Director 2)	
Identity Number	
Income Tax Number	
Residential Address	

Telephone (Office hours)	
Mobile	
E-mail	
Name (Director 3)	
Identity Number	
Income Tax Number	
Residential Address	
Telephone (Office hours)	
Mobile	
E-mail	

CHECKLIST <i>THE FOLLOWING DOCUMENTS MUST BE SUPPLIED FOR THE COMPANY</i>	
CERTIFICATE OF INCORPORATION	
MEMORANDUM AND ARTICLES OF ASSOCIATION	
CERTIFICATE TO COMMENCE BUSINESS	
PROOF OF ADDRESS	

CHECKLIST <i>THE FOLLOWING DOCUMENTS MUST BE SUPPLIED FOR EACH DIRECTOR OF THE COMPANY</i>	
ID DOCUMENT	
PROOF OF ADDRESS	

GENERAL INFORMATION SCHEDULE

TO BE FILLED IN IF PURCHASER IS A **TRUST**

Trust Name	
Trust Number	
Date Letter Authority Issued	
Income Tax Number	
VAT Number Auditors	
Signatory obo Purchaser	
Address Trust	
Telephone (Office hours)	
Mobile	
E-mail	

ALL TRUSTEES

Name (Trustee 1)	
Identity Number	
Income Tax Number	
Residential Address	
Telephone (Office hours)	
Mobile	
E-mail	
Name (Trustee 2)	
Identity Number	
Income Tax Number	
Residential Address	
Telephone (Office hours)	

Mobile	
E-mail	
Name (Trustee 3)	
Identity Number	
Income Tax Number	
Residential Address	
Telephone (Office hours)	
Mobile	
E-mail	

CHECKLIST <i>THE FOLLOWING DOCUMENTS MUST BE SUPPLIED FOR THE TRUST</i>	
TRUST DEED	
LETTERS OF AUTHORITY	
PROOF OF ADDRESS	

CHECKLIST <i>THE FOLLOWING DOCUMENTS MUST BE SUPPLIED FOR EACH TRUSTEE OF THE TRUST</i>	
ID DOCUMENT	
PROOF OF ADDRESS	