

Acorn Agri and Food Limited ("AAF")
1998/001018/06

Legal Entities and Trusts

Registration Form: for a new shareholder or to change the details of an existing shareholder

About the entity:

Company: ☐ Close corporation: ☐ Trust: ☐ Partnership: ☐
Other: ☐ Specify:

Registered name of entity:

Registration/Trust number:

Postal Address:	<input type="text"/>	Physical Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Region:	<input type="text"/>	Region:	<input type="text"/>
Postal code:	<input type="text"/>	Postal code:	<input type="text"/>

Tel no during business hours:	<input type="text"/>	Email address:	<input type="text"/>
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What are the banking details for the payment of dividends?

If the bank account is not the same as the entity, we require authorisation from the entity to pay dividends into another account

Bank:	<input type="text"/>	Account holder:	<input type="text"/>
Branch:	<input type="text"/>	Account no:	<input type="text"/>
Account type:	<input type="text"/>	Branch code:	<input type="text"/>

Who are authorised by the entity to act on the entity's behalf?

Authorised representative(s):

Name:	<input type="text"/>	ID number:	<input type="text"/>
Tel no during business hours:	<input type="text"/>	Email address:	<input type="text"/>
Postal Address:	<input type="text"/>	Physical Address:	<input type="text"/>
	<input type="text"/>		<input type="text"/>
	<input type="text"/>		<input type="text"/>
Region:	<input type="text"/>	Region:	<input type="text"/>
Postal code:	<input type="text"/>	Postal code:	<input type="text"/>
Cell no:	<input type="text"/>	Capacity:	<input type="text"/>

Authorised representative(s):

Name:	<input type="text"/>	ID number:	<input type="text"/>
Tel no during business hours:	<input type="text"/>	Email address:	<input type="text"/>
Postal Address:	<input type="text"/> <input type="text"/> <input type="text"/>	Physical Address:	<input type="text"/> <input type="text"/> <input type="text"/>
Region:	<input type="text"/>	Region:	<input type="text"/>
Postal code:	<input type="text"/>	Postal code:	<input type="text"/>
Cell no:	<input type="text"/>	Capacity:	<input type="text"/>

Authorised representative(s):

Name:	<input type="text"/>	ID number:	<input type="text"/>
Tel no during business hours:	<input type="text"/>	Email address:	<input type="text"/>
Postal Address:	<input type="text"/> <input type="text"/> <input type="text"/>	Physical Address:	<input type="text"/> <input type="text"/> <input type="text"/>
Region:	<input type="text"/>	Region:	<input type="text"/>
Postal code:	<input type="text"/>	Postal code:	<input type="text"/>
Cell no:	<input type="text"/>	Capacity:	<input type="text"/>

Please attach power of attorney/resolution/extract of minutes of a member, trustee- or board meeting, stating the powers & authorisations granted to the authorised representative(s)

How must AAF communicate with you?

Please select the method to receive notices and communication from AAF:

Email ☐ Post* ☐

** Please note that the South African Postal Services are no longer a reliable and professional service provider and that AAF cannot be held responsible for its actions and inabilities to deliver any notices & correspondence*

Please provide the email addresses where AAF should email notices and correspondence:

Primary Email:	<input type="text"/>	Capacity in which this person must receive notices:
Secondary Email 1:	<input type="text"/>	
Secondary Email 2:	<input type="text"/>	
Or		
Postal address:	<input type="text"/> <input type="text"/> <input type="text"/>	
Region:	<input type="text"/>	
Postal code:	<input type="text"/>	

Is there any relationships with the directors of AAF or its subsidiary/portfolio companies?

Is the entity directly or indirectly related to a director of AAF or any subsidiary companies of AAF? If yes, please provide the name/names of the director(s):

How we will process and disclose your personal information

AAF is obliged to disclose personal information to comply with legislation (e.g. Companies Act, FICA, PAIA and B-BBEE) and we may also use your details for general shareholder communication about matters of business interest. Please refer to our Privacy Notice on the website: www.acornagri.co.za.

Your declarations

By signing this form, the signatory confirms and warrants that all requisite internal authorisations and approvals* which had to be obtained, were properly obtained prior to signature hereof.

* if a company, whether required in terms of the memorandum of incorporation or shareholders' agreement or the Companies Act, 71 of 2008 (including but not limited to any requisite approval by its shareholders by way of special resolutions);

* if a close corporation, whether required in terms of its membership agreement or the Close Corporations Act, 69 of 1984 or the Companies Act, 71 Of 2008;

* if a trust, whether required in terms of the deed of trust or otherwise (including but not limited to any regulatory or other requirements applicable to the exercise of each of the trustees' authority).

I confirm that the information provided herein is true and correct and AAF will be notified of any changes.

Your signature

Signed at _____ on this _____ day of _____ 20 _____

Full names

Authorised signature

For internal use:

AA Number: _____
Created by: _____

Date created: _____
Documents filed by: _____