QIRAD GROUP

FICA CLIENT DUE DILIGENCE FORM

Capital Provider • Related Persons • Source of Funds

Isaacs Attorneys | Qirad Group investment matters

Use of form: Complete every applicable section and attach the listed evidence. This form supports, but does not replace, Isaacs Attorneys' Risk Management and Compliance Programme. Additional information may be requested according to risk.

A. MATTER DETAILS

Matter / Investment Round	_____
Agreement Reference	QG-_____
Proposed Contribution	R _____
Date Completed	____ / ____ / 20____
Applicant Type	☐ Natural person ☐ Company / CC ☐ Partnership ☐ Trust ☐ NPO / Other
Capacity	☐ Capital Provider ☐ Representative ☐ Beneficial Owner ☐ Third-party Payer
Onboarding	☐ In person ☐ Video / electronic ☐ Through representative

B. NATURAL PERSON

Complete for each individual applicant, representative, beneficial owner and third-party payer. Attach a separate copy where necessary.

Full Names and Surname	_____
Former / Other Names	_____
SA ID / Passport No.	_____
Date of Birth / Nationality	____ / ____ / _____ / _____
Country of Residence	_____
Residential Address	_____ _____
Mobile / Email	_____ _____
Occupation / Employer	_____ _____
Tax No. / Country (if applicable)	_____

IDENTITY VERIFICATION

Document / Source	Reference / Date / Notes
☐ SA ID / Smart ID ☐ Passport / Permit	_____
☐ Residential address source	_____
☐ Bank account confirmation / statement	_____
☐ Remote identity method (if applicable)	_____

C. ENTITY, PARTNERSHIP, TRUST OR OTHER ARRANGEMENT

Complete for a non-natural-person applicant, payer or person represented. Attach the founding documents, authority and ownership/control records.

Registered / Full Name	_____
Trading Name	_____
Registration / Master's Ref.	_____
Type / Country / Formation Date	_____
Registered / Principal Address	_____ _____
Nature of Business / Purpose	_____ _____
Telephone / Email / Website	_____ _____
Tax / VAT No.	_____
Directors / Members / Partners	_____ _____
Trust Founder(s) / Trustee(s)	_____ _____
Beneficiaries / Beneficiary Class	_____ _____
Person Exercising Effective Control	_____
Authorised Representative	_____
Authority	☐ Resolution ☐ Mandate / POA ☐ Trust resolution ☐ Partnership authority

ENTITY DOCUMENTS

☐ Registration / founding document ☐ MOI / founding statement / partnership agreement / trust deed ☐ Registered and business address ☐ Director, member, partner or trustee list ☐ Letters of authority (trust) ☐ Authority resolution ☐ Ownership and control chart ☐ FICA documents for relevant natural persons

D. REPRESENTATIVE

Full Name / ID or Passport	_____
Position / Relationship	_____
Mobile / Email	_____
Person Represented	_____
Authority Document	_____

Representative Signature	Date
_____	____ / ____ / 20____

E. BENEFICIAL OWNERSHIP AND CONTROL

Identify every natural person who ultimately owns or controls the client, controls it through other means, or—if none can be identified—exercises control over management. Do not list another entity as the final beneficial owner.

Full Name	ID / Passport	Country	Ownership / Control Basis	% / Role
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____
_____	_____	_____	_____	_____

☐ Ownership and control chart attached; all intermediate entities, trusts, nominees and arrangements disclosed.
☐ No person has controlling ownership; control through other means / management is explained below.
Ownership / control explanation: _____
_____

F. THIRD-PARTY PAYER OR FUNDS OF ANOTHER PERSON

Will funds come from the applicant's verified account?	☐ Yes ☐ No
Payer's Name / Entity	_____
ID / Registration No.	_____
Relationship to Applicant	_____
Reason for Third-party Payment	_____ _____
Payer Identified and Verified	☐ Yes ☐ No ☐ Not applicable

G. PURPOSE AND EXPECTED ACTIVITY

Purpose of Investment	_____
Expected Amount / Term	R _____ / _____
Frequency	☐ Once-off ☐ Periodic: _____
Payment Method	☐ SA EFT ☐ Foreign transfer ☐ Other: _____
Distribution Account	☐ Originating account ☐ Other verified account
Countries Connected to Funds / Wealth	_____
Cross-border / Currency Element	☐ No ☐ Yes: _____

H. SOURCE OF FUNDS

State the specific origin of the money used for this investment and attach reliable evidence. Funds should be traceable to the paying account.

Source	Select	Amount / Details	Evidence
Salary / employment	☐	R _____ / Employer: _____	☐ Payslips ☐ Statements
Business income / dividends	☐	R _____ / Business: _____	☐ Accounts ☐ Statements
Sale of property / asset	☐	R _____ / Asset: _____	☐ Agreement ☐ Proof
Inheritance / estate	☐	R _____ / Estate: _____	☐ Executor / estate proof
Savings / investment redemption	☐	R _____ / Institution: _____	☐ Statements ☐ Proof
Loan / gift	☐	R _____ / Provider: _____	☐ Agreement ☐ Provider FICA
Other	☐	R _____ / _____	☐ Supporting proof

How the funds were accumulated and transferred to the paying account:

_____

_____

Paying Bank / Account Holder	_____
Account No. (last 4 digits acceptable)	_____
Period Funds Held / Transfer Date	_____

I. SOURCE OF WEALTH

Complete where required by the risk assessment, including for prominent persons and higher-risk matters. Source of wealth means the activities or events that generated the person's overall wealth.

Primary sources and approximate history / value:

_____

_____

_____

J. PROMINENT PERSON DECLARATION

Foreign prominent public official (FPPO)?	☐ No ☐ Yes
Domestic prominent influential person (DPIP)?	☐ No ☐ Yes
Family member / known close associate?	☐ No ☐ Yes
Position, Country and Dates	_____
Related Person / Relationship	_____

A "yes" answer does not automatically prevent acceptance. Enhanced due diligence, source-of-wealth verification and senior approval may be required.

K. SANCTIONS, CRIMINAL AND ADVERSE INFORMATION

☐ I am not aware that any relevant person or entity is designated on a targeted financial sanctions list.
☐ No relevant person has been convicted of fraud, corruption, money laundering, terrorist financing, proliferation financing or another serious offence, except as disclosed.
☐ No relevant person is subject to a material criminal, regulatory, sequestration, liquidation, asset-forfeiture or similar process, except as disclosed.
☐ There is no material adverse information inconsistent with the declared source and purpose, except as disclosed.
Disclosure / explanation:

_____
_____
_____

L. CLIENT DECLARATIONS

- The information and documents supplied are true, complete, current and not misleading.
- I act for myself unless the person represented has been fully disclosed and verified.
- The investment funds are from lawful activities and are not proceeds of crime or connected to terrorist or proliferation financing.
- I will promptly disclose a material change in identity, address, ownership, control, authority, bank details, source of funds, prominent-person status or transaction purpose.
- Isaacs Attorneys may verify information independently, screen relevant persons, request further evidence, delay or decline a transaction, return funds to the verified source, monitor activity and make reports required by law.
- I understand that the firm may be prohibited from telling me whether a confidential regulatory report has been made.

M. SIGNATURE

Full Name	_____
Capacity	_____
Signature	_____
Place and Date	_____ ____ / ____ / 20____

N. PERSONAL INFORMATION NOTICE

Isaacs Attorneys processes the information in this form to identify and verify clients and related persons, assess and manage money-laundering, terrorist-financing and proliferation-financing risk, comply with legal and professional duties, administer the attorney trust account and proposed qirād transaction, prevent fraud and protect legal rights. Information may be verified through lawful independent sources and shared where necessary and lawful with banks, verification and screening providers, auditors, regulators, the Financial Intelligence Centre, law-enforcement bodies, professional advisers and transaction parties. Records are retained for the period required by law and the firm's RMCP. Failure to provide required information may prevent acceptance or continuation of the matter. Information Officer contact: _____.

O. SUPPORTING DOCUMENT CHECKLIST

Category	Documents Attached / Reviewed
Natural person	☐ ID / passport ☐ Address source ☐ Bank proof ☐ Occupation / tax evidence if required ☐ Source-of-funds proof
Company / CC	☐ Registration ☐ MOI / founding statement ☐ Address ☐ Directors / members ☐ Authority ☐ Ownership chart ☐ Beneficial-owner FICA
Partnership	☐ Partnership agreement ☐ Partner list ☐ Address ☐ Authority ☐ Controllers' FICA ☐ Ownership / control explanation
Trust	☐ Trust deed ☐ Letters of authority ☐ Trustee resolution ☐ Founder / trustee / beneficiary details ☐ Controller FICA
NPO / Other	☐ Constitution / founding instrument ☐ Registration ☐ Office bearers ☐ Authority ☐ Funding / beneficiary details ☐ Controllers' FICA
Representative / Payer	☐ ID and address ☐ Authority ☐ Relationship evidence ☐ Source-of-funds evidence ☐ Third-party reason
Foreign connection	☐ Passport / permit ☐ Foreign address ☐ Entity records ☐ Translation ☐ Tax / bank evidence ☐ Enhanced checks

INTERNAL USE — IDENTIFICATION AND SCREENING

Person / Entity	Verified Information	Source / Database	Date / Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____

TFS Screening	☐ Clear ☐ Possible match escalated Date: _____ Evidence saved: ☐
DPIP / FPPO Screening	☐ Clear ☐ Match / family / associate Enhanced measures: ☐
Adverse Information	☐ Clear ☐ Findings assessed and attached
Source of Funds	☐ Satisfactory ☐ Further evidence ☐ Unsatisfactory
Source of Wealth	☐ Not required ☐ Satisfactory ☐ Further evidence
Third-party Payer	☐ N/A ☐ Verified ☐ Reason and relationship satisfactory

INTERNAL USE — RISK ASSESSMENT AND DECISION

Apply the current RMCP. Record the verification source, screening evidence and reason for the rating. Do not rely solely on the applicant's declarations.

Risk Factor	Low	Med.	High	Reason / Mitigation
Client / ownership	☐	☐	☐	_____
Trust-account / service risk	☐	☐	☐	_____
Delivery channel	☐	☐	☐	_____
Geography	☐	☐	☐	_____
Amount / complexity	☐	☐	☐	_____
Source of funds / wealth	☐	☐	☐	_____
Prominent person / sanctions / adverse info	☐	☐	☐	_____

Overall Risk Rating	☐ Low ☐ Medium ☐ High ☐ Prohibited / Decline
Risk Rationale	_____ _____
Enhanced Measures / Conditions	_____ _____
Monitoring	☐ Transactional ☐ Quarterly ☐ Annual ☐ Event-driven

DECISION AND APPROVAL

☐ Accepted subject to ordinary monitoring.
☐ Accepted subject to enhanced due diligence and the conditions above.
☐ Pending further information — no funds may be deployed.
☐ Declined / relationship terminated in accordance with the RMCP.
☐ Regulatory reporting considered / escalated under the RMCP. Do not record confidential report details where inappropriate.

Completed By	Signature	Date
_____	_____	____ / ____ / 20____
Compliance / Senior Approval	_____	____ / ____ / 20____

ONGOING REVIEW / CHANGE RECORD

Date	Change / Trigger / Review	Action / Updated Risk	Initials
_____	_____	_____	_____
_____	_____	_____	_____
_____	_____	_____	_____