

POWER OF ATTORNEY

DECLARATION BY THE INVESTOR: *I, the undersigned:*

Full names and surname:			
S.A. Identity Number:			
Physical Address:			
State/Province:			
Country:		Zip Code:	

Do hereby nominate and appoint:

Full names and surname:			
S.A. Identity Number:			
Sample Signature:			
Physical Address:			
State/Province:			
Country:		Zip Code:	

1. To be my lawful representative, and mandate it in my name or stead to:
 - 1.1. Lodge applications with Koinexpert Arbitrage Services (Pty) Ltd, registration number 2020/826750/07 (hereafter referred to as 'KAS'), on my behalf for buying and/or selling of crypto arbitrage.
 - 1.2. Transfer funds for the buying and/or selling of crypto arbitrage and to instruct and execute trades with required VASPs.
 - 1.3. To act for me in all matters concerning crypto arbitrage transactions and related services with KAS, including facilitating the opening of a new bank account in my name if required.
 - 1.4. Exchange relevant information with the KAS and their service providers relevant in providing crypto arbitrage services; andgenerally, to do or cause to be done whatsoever shall be require, as fully and effectually, for all intents and purposes, as I might or could do if personally present and acting herein, hereby ratifying, allowing, confirming, promising and agreeing to ratify, allow and confirm all and whatsoever my said representative, KAS, shall lawfully do, or cause to be done, to effect the purposed aforesaid.

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2. I hereby confirm the following regarding the current and all future transactions:
 - 2.1. The ultimate source of funds is from my own financial sources.
 - 2.2. I made the investment decision myself and instructed my representative to convert and remit my funds.
 - 2.3. The source of funds for this transaction, for which I have provided evidence to KAS has not changed.
 - 2.4. I will inform KAS if there is a 'top-up' or change to the source of funds with which I trade.
 - 2.5. I am aware of Exchange Control Regulation 10(1) and 22 and limits imposed on an SDA and FIA.
 - 2.6. I have not exceeded my R1m Single Discretionary Allowance (SDA) and/or my R10m Foreign Investment Allowance (FIA).
 - 2.7. I agree and confirm that KAS cannot and will not be held responsible should I exceed my annual investment allowance.

- 2.8. Keeping track of how much of my allowance I have utilized throughout the year is my sole responsibility and I will not instruct my representative or KAS to book a deal if I have exceeded my allowances for the year.
 - 2.9. When my representative book a deal for the purpose of crypto arbitrage, KAS can act on the basis that the specific transaction falls within my annual investment allowances.
 - 2.10. The responsibility of obtaining and supplying the correct FIA PIN certificates (for FIA trades) and Tax Certificates IT21(a) is my sole responsibility and not that of KAS.
 - 2.11. Any income derived from crypto arbitrage trading is taxable and the responsibility of adhering to the correct declaration/payments of these proceeds/taxes falls solely on me as the beneficiary of this transaction.
3. In undertake to:
 - 3.1. Comply with all reasonable requests by KAS and their service providers regarding my crypto arbitrage transactions.
 - 3.2. Sign all documents and information reasonable required by KAS and their service providers regarding my crypto arbitrage transactions.
 - 3.3. Provide all documentation and information reasonably required by KAS and their service providers regarding my crypto arbitrage transaction.
 - 3.4. Comply with all applicable laws, exchange control regulations and agreements governing my crypto arbitrage transactions.
 4. Indemnify and hold KAS and their service providers harmless against any claims, damages or loss of whatever nature incurred by me as a result of them acting in terms of this power of attorney and mandate of performing any related action on my representatives request and in particular, without limiting the generality of the foregoing, in respect of any refusal or failure for whatever reason by KAS and/or it service providers to execute, act upon, implement or complete any arbitrage or foreign exchange transaction entered into for and/or on my behalf.
 5. Confirm and agree that this power of attorney shall remain in full force and effect until I shall give KAS 7 (seven) days written notice (calculated from the date of receipt of the notice by KAS that this power of attorney is terminated or when services are terminated or completed with KAS.
 6. Record that KAS and their services providers shall only use my personal information for the purposes set out in this special power of attorney and that they shall not disclose any of my personal information in contravention of the Protection of Personal Information Act (2013).

THE INVESTOR HEREBY WARRANTS THAT HE / SHE UNDERSTANDS THE MEANING AND PURPOSES OF THIS POWER OF ATTORNEY.

SIGNED at _____ on this _____ day of _____ 20 _____.

In the presence of the undersigned witnesses

Signature

AS WITNESS: 1. _____
Signature

AS WITNESS: 2. _____
Signature

Full Names and Surname

Full Names and Surname

Physical Address

Physical Address

Contact details

Contact details