



|                          |                                |                                  |           |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
|--------------------------|--------------------------------|----------------------------------|-----------|--|--|---|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|
| NAME                     |                                |                                  |           |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SURNAME                  |                                |                                  |           |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SIGNING                  | <input type="checkbox"/> ALONE | <input type="checkbox"/> JOINTLY | TELEPHONE |  |  | - |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| IDENTITY/PASSPORT NUMBER |                                |                                  |           |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |
| SPECIMEN SIGNATURE       |                                |                                  |           |  |  |   |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |  |

### INSTRUCTION DETAILS

|  |  |  |
|--|--|--|
| SIGNATURES PER INSTRUCTION   |  |  |
| Please complete the section below should a special signing arrangement be applicable in terms of the following transactions: |  |  |
| ADDITIONAL INVESTMENTS   |  |  |
| CHANGE OF DETAILS  |  |  |
| REDEMPTIONS  |  |  |
| SWITCHES   |  |  |

### INVESTOR DECLARATION

- PoPIA (Protection of Personal Information Act, 2013) is South Africa's data protection law that aims to protect your personal information. Our latest Platform terms and conditions, available on [www.STANLIB.com](http://www.STANLIB.com) explain how and why we obtain, use, process, store, verify and share your personal information.
- I/We confirm that I/We have read and accept the clauses in the Terms and Conditions relating to the collection, processing, storage and distribution of my/our personal information.
- I/We acknowledge that acceptance of these terms and conditions is voluntary, but that without my/our personal information as required by this application form STANLIB will be unable to provide me/us with products or services.
- I/We confirm that all information provided herein is true and correct and that I/We have read and understood the contents of this form.
- I/We acknowledge and accept that the information contained in this form and information about the Account Holder may be provided to SARS. Further, that SARS may also exchange the information with the tax authorities of another country or countries in which the Account Holder may be tax resident.

**If the information you have provided in this form changes in future, please submit a new form within 30 days. If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.**

|   |   |  |           |   |  |   |   |   |   |   |  |  |   |  |  |  |  |   |   |  |   |   |  |   |   |   |   |
|---|---|--|-----------|---|--|---|---|---|---|---|--|--|---|--|--|--|--|---|---|--|---|---|--|---|---|---|---|
| SIGNATURE OF CLIENT /<br>AUTHORISED SIGNATORY * |   |  | DATE      | <table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> |  |   |   |   |   | - |  |  | - |  |  |  |  | D | D |  | M | M |  | Y | Y | Y | Y |
|   |   |  | -         |   |  | - |   |   |   |   |  |  |   |  |  |  |  |   |   |  |   |   |  |   |   |   |   |
| D   | D |  | M         | M   |  | Y | Y | Y | Y |   |  |  |   |  |  |  |  |   |   |  |   |   |  |   |   |   |   |
| CAPACITY  |   |  | SIGNED AT |   |  |   |   |   |   |   |  |  |   |  |  |  |  |   |   |  |   |   |  |   |   |   |   |
| SIGNATURE OF FINANCIAL ADVISER                  |   |  | DATE      | <table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> |  |   |   |   |   | - |  |  | - |  |  |  |  | D | D |  | M | M |  | Y | Y | Y | Y |
|   |   |  | -         |   |  | - |   |   |   |   |  |  |   |  |  |  |  |   |   |  |   |   |  |   |   |   |   |
| D   | D |  | M         | M   |  | Y | Y | Y | Y |   |  |  |   |  |  |  |  |   |   |  |   |   |  |   |   |   |   |
|   |   |  | SIGNED AT |   |  |   |   |   |   |   |  |  |   |  |  |  |  |   |   |  |   |   |  |   |   |   |   |

