STANLIB

Appointment of Authorised Signatories

Linked Investments

CLIENT DETAILS																						
INVESTMENT NUMBER																						
NAME & SURNAME / ENTITY NAME																						
IDENTITY/PASSPORT/ASYLUM/REG NUMBER																						
AUTHORISED SIGNATORIES																						
It is resolved that the people, whose full details appear on the authorised signatory list below, are authorised to act on behalf of the investor in all transactions with STANLIB as set out on this document.																						
Please submit this form with FICA documentation of the authorised signatories listed below in terms of the Financial Intelligence Centre Act, No. 38 of 2001.																						
List of directors/members/trustees	s/au	tho	ised	d pei	rson	s																
NAME																						
SURNAME																						
SIGNING		ALONE						JOII	NTLY			TELEPHO		ONE	ONE		-					
IDENTITY/PASSPORT NUMBER																	ı					
SPECIMEN SIGNATURE																						
NAME																						
SURNAME																						
SIGNING		ALC	NE					JOII	NTLY			TEL	EPH(ONE			-					
IDENTITY/PASSPORT NUMBER																						
SPECIMEN SIGNATURE																						
NAME																						
SURNAME																						
SIGNING		ALONE					JOII	NTLY			TEL	EPH(ONE			-						
IDENTITY/PASSPORT NUMBER																						
SPECIMEN SIGNATURE																						



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NAME																									
SURNAME																									
SIGNING		ALONE						JOII	NTLY	TLY TE			ELEPHONE					-							
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	l																								
1. PoPIA (Protection of Personal latest Platform terms and coryour personal information. 2. I/We confirm that I/We have distribution of my/our persona 3. I/We acknowledge that accept application form STANLIB will 4. I/We confirm that all information 5. I/We acknowledge and accept Further, that SARS may also be tax resident. If the information you have prove	Information Inform	ns, and an of the ange	d action. hese to ped he inform	e terrorovierein inform	on the ms a de m is triion correct	nd cone/us are an work work with a second and we are are are an are	STAN uses ondit with nd co ined rith th	in the	is volucts tand is fo x au	erms colunt s or s d tha rm a thori	and ary, laterviolet I/W nd inties of	but to be a form of an	and nditi	why ons with ead on ab er co	related to the relate	obtaing the Arror or o	ain, unit of the ur perstook count thin 3	rson od th unt H	produillect al ir de co dold in w	cess, ion, iform onter er m which	procession attion at the out a	re, vession as f this e pro	rerify ng, s requ s form ovide ount	and storagi ired n. d to Hold	ge and by this SARS ler may
Holder please indicate the capacitopy of the power of attorney.	city ii	n wh	nich	you	are	sign	ing	the 1	form	ı. If s	signi	ng ı	unde	er a	pow	er o	atto	orne	y pl	ease	als	o att	ach	a ce	ertified
SIGNATURE OF CLIENT / AUTHORISED SIGNATORY *									DAT	E NED /	ΑT					D	D	-		/ N	1		/ Y	′ Y	(Y
CAPACITY									DAT										-			- [
SIGNATURE OF FINANCIAL ADVISER																_	D	D		М	М		Υ '	Ϋ́	ΥΥ



SIGNATURE OF FINANCIAL ADVISER

SIGNED AT