STANLIB

Appointment of Authorised Signatories

Collective Investments (Unit Trusts)

CLIENT DETAILS																					
ENTITY ACCOUNT NUMBER																					
NAME & SURNAME / ENTITY NAME																					
IDENTITY / PASSPORT / REGISTRATION 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/truste	es/auth	orise	ed pe	rson	s																
NAME																					
SURNAME																			Ī	Ī	
SIGNING	А	ALONE						NTLY			TELEPHO		ONE			-					
IDENTITY/PASSPORT NUMBER																					
SPECIMEN SIGNATURE																					
NAME																					
SURNAME																					
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IDENTITY/PASSPORT NUMBER																					
SPECIMEN SIGNATURE																					
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SIGNING	А	ALONE					JOII	NTLY		TELEPHON						-					
IDENTITY/PASSPORT NUMBER																					
SPECIMEN SIGNATURE																					



NAME																										
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IDENTITY/PASSPORT NUMBER																										
SPECIMEN SIGNATURE																										
INSTRUCTION DETAILS																										
SIGNATURES PER INSTRUCTION																										
Please complete the section below	should	das	spec	ial si	gning	garra	ange	men	nt be	арр	licabl	e in	term	s of	the f	ollov	ving	tran	sacti	ons:	:					
ADDITIONAL INVESTMENTS																										
CHANGE OF DETAILS																										
REDEMPTIONS																										
SWITCHES																										
INVESTOR DECLARATION	١																									
I/We acknowledge that I/We p	rovide	cor	nsen	t to S	STAN	ILIB	to co	ollec	t, pr	oces	s, st	ore,	discl	ose	and	shar	e my	/ Pe	rson	al Ir	ıform	natio	on fo	or th	e pu	rpos
of servicing my investment.					,																					
I/We agree to provide all do processing my information for														and	tur	tner	requ	ırea	ру	ıaw	and	cor	ıser	ιτ το	SIA	ANLI
3. I/We confirm that all information	on prov	vide	d he	erein	is tru	ue ai	nd co	orrec	ct an	d tha	at I/W	/e ha	ave r	ead	and	und	ersto	od t	he c	onte	nts o	of th	iis fo	orm.		
4. By signing this form, the clier						•		0		•																
I/We acknowledge and accep Further, that SARS may also be tax resident.																										
If the information you have prov Holder please indicate the capa copy of the power of attorney.						_													-		-					
SIGNATURE OF CLIENT / AUTHORISED SIGNATORY *									DAT	ΓE									-			-				
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CAPACITY									SIG	NED	ΑT															



SIGNATURE OF FINANCIAL ADVISER

DATE

SIGNED AT