

## Client Consent to Obtain Information Collective Investments (Unit Trusts)

STANLIB ENTITY  STANLIB COLLECTIVE INVESTMENTS (UNIT TRUST)

### CLIENT DETAILS

INVESTMENT NUMBER	<input type="text"/>
NAME & SURNAME / ENTITY NAME	<input type="text"/>
IDENTITY / PASSPORT / REGISTRATION NUMBER	<input type="text"/>

### CLIENT'S PHYSICAL ADDRESS \*

COMPLEX / UNIT / HOUSE NUMBER *	<input type="text"/>
COMPLEX NAME / ESTATE *	<input type="text"/>
STREET NUMBER *	<input type="text"/>
STREET NAME / FARM NAME / AREA NAME *	<input type="text"/>
SUBURB / DISTRICT *	<input type="text"/>
CITY / TOWN *	<input type="text"/>
COUNTRY *	<input type="text"/>
CODE *	<input type="text"/>

\*Compulsory section

### CLIENT'S POSTAL ADDRESS

<input type="checkbox"/>	SAME AS PHYSICAL ADDRESS
PO BOX NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>
PRIVATE BAG NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>
POSTNET SUITE NUMBER	<input type="text"/>
PRIVATE BAG NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>

### FINANCIAL SERVICES PROVIDER DETAILS

NAME OF FINANCIAL CONSULTANCY (FSP)	<input type="text"/>
FSP LICENCE NUMBER	<input type="text"/>



NAME OF REPRESENTATIVE (FINANCIAL ADVISER)	
FINANCIAL ADVISER CODE	
MOBILE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS	

**FINANCIAL SERVICES PROVIDER AUTHORISATION**

I acknowledge that I provide consent to STANLIB to collect, process, store, disclose and share my Personal Information (PI) for the purpose of servicing my investment. PoPIA (Protection of Personal Information Act, 2013) is South Africa's data protection law that aims to protect your personal information. Our latest 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 authorise the financial adviser as stated on the Investment Application form to request information on my behalf and to use the internet or other electronic facilities for this purpose. I further acknowledge and agree that any information obtained is only for information purposes.

**This consent form is not an instruction to change my current financial adviser on record.**

SIGNATURE OF CLIENT/ 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
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		SIGNED AT																					

**FINANCIAL ADVISER**

I confirm that I have informed the client of the implications of this authority

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
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		SIGNED AT																					

\*Compulsory fields

