

Confirmation of Residential Address

Please only complete Section A or Section B

| SECTION A: AFFIDAVIT C | ONFIF | RWIN | NG R | RES | I DE | NT | IAL | AD | DR | ESS | OF | CC |)-H | ABI | TAI | NТ | | | | |
|---|-------|------|------|-----|------|----|-----|----|----|-----|----|----|-----|-----|-----|----|--|------|------|------|
| I THE UNDERSIGNED, | | | | | | | | | | | | | | | | | | | | |
| FULL NAME OF DEPONENT | | | | | | | | | | | | | | | | | | | | |
| IDENTITY NUMBER | | | | | | | | | | | | | | | | | | | | |
| HEREBY CONFIRM THAT | | | | | | | | | | | | | | | | | | | | |
| FULL NAME OF STANLIB CLIENT | | | | | | | | | | | | | | | | | | | | |
| IDENTITY NUMBER OF STANLIB CLIENT | | | | | | | | | | | | | | | | | | | | |
| STATE RELATIONSHIP BETWEEN DEPONENT AND STANLIB CLIENT | | | | | | | | | | | | | | | | | | | | |
| RESIDES WITH ME AT: | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | | | |

DECLARATION

We are required to collect, process and share your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information STANLIB has collected, processed and shared.

I confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.

| | DATE | | | - | | | - | | | | |
|-----------------------|-----------|---|---|---|---|---|---|---|---|---|---|
| SIGNATURE OF DEPONENT | | D | D | | м | м | | Y | Y | Y | Y |
| | SIGNED AT | | | | | | | | | | |

COMMISSIONER OF OATHS

I certify that the deponent acknowledged that he knew and understood the contents of the above declaration, that I duly administered the oath as prescribed by Regulation No R. 1258 of 21 July 1972, and that the deponent signed the declaration in my presence.

| NAME | | | | | | | | | | | | | | | | | | |
|--|---|---|---|---|---|---|---|---|---|---|--|--|--|--|--|--|--|--|
| ADDRESS | | | | | | | | | | | | | | | | | | |
| | | | | | | | | | | | | | | | | | | |
| DESIGNATION | | | | | | | | | | | | | | | | | | |
| I CERTIFY THAT THIS AFFIDAVIT WAS SIGNED BEFORE ME ON THE | | | - | | | - | | | | | | | | | | | | |
| | D | D | | М | М | | Y | Y | Y | Y | | | | | | | | |
| SIGNATURE OF COMMISSIONER OF OATHS | | | | | | | | | | | | | | | | | | |



SECTION B: CONFIRMATION OF CLIENT VISIT

DECLARATION

STANLIB is required to collect, process and share your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information STANLIB has collected, processed and shared. 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 explain how and why we obtain, use, process, store, verify and share your personal information.

I confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.

SIGNATURE OF FINANCIAL ADVISER / STANLIB STAFF MEMBER DATE SIGNED AT



