STANLIB

Financial Adviser Detail Form

FINANCIAL ADVISER DETAILS																						
BROKER CONSULTANT NAME AND USER ID																						
STANLIB USER ID																						
LIBERTY 13 DIGIT CODE (IF APPLICABLE)																						
FSP LICENCE NO:																						
BROKERAGE /COMPANY NAME																						
TITLE (E.G. MR, MRS)							CELLPHONE NUMBER															
FIRST NAME																						
MIDDLE NAME																						
SURNAME																						
ID NUMBER																						
DATE OF BIRTH	D	D	-	M	M	-	Y	Y	Υ	Y												
VAT NUMBER							•															
FAX NUMBER				-																		
OFFICE TELEPHONE NUMBER				-																		
MOBILE NUMBER				-																		
E-MAIL ADDRESS																						
PHYSICAL ADDRESS OF E	BRO	KEF	RAC	GE																		
COMPLEX/UNIT NUMBER																						
COMPLEX NAME																						
STREET NUMBER																						
STREET NAME																						
SUBURB																						
POST CODE																						



CITY/TOWN

COUNTRY

Select an option below and complete the details:																							
SAME AS PHYSICAL ADDRESS																							
PO BOX NUMBER																							
POST OFFICE NAME																							
POSTAL CODE																							
PRIVATE BAG NUMBER																							
POST OFFICE NAME																							
POSTAL CODE																							
POSTNET SUITE NUMBER																							
PRIVATE BAG NUMBER																							
POST OFFICE NAME																							
CODE																							
BANKING DETAILS FOR BRO	OKE	RAG	Ē																				
BANK																							
BRANCH																							
ACCOUNT NUMBER																							
BRANCH CODE																							
ACC OUNT TYPE	CHEQUE ACCOUNT							TRANSMISSION ACCOUNT								SAVINGS ACCOUNT							
ACCOUNT HOLDER'S NAME																							
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/We hereby agree to provide all docur understand that STANLIB is prohibited																							vided
SIGNATURE OF FINANCIAL SERVICE PROVIDER								DAT	ΓΕ						D	D	-	M	м		r Y	' Y	Y



POSTAL ADDRESS OF BROKERAGE

SIGNED AT