Facsimile 0867 277 516



## **STANLIB**

## Liberty Living Annuity

Underwritten by Liberty Group Limited, a registered Long-Term Insurer.

## Related Party Form - Individuals

## **Definitions:**

- Beneficial owner: has shares in the legal entity equal to or greater than 25% holding or owns the bank account used by the entity.
- Controller: exercises control over the entity, such as directors or executives.
- Signatory: binds a person/ entity to the terms of an agreement.
- Power of attorney: has authorisation to represent or act on behalf of a person/ entity.

DETAILS OF RELATIONSHIP								
RELATIONSHIP WITH INVESTOR/ENTITY	BENEFICIAL OWNER CONTROLLER SIGNATORY POWER OF ATTORNEY							
NAME OF INVESTOR/ ENTITY								
RELATED PARTY DETAILS								
TITLE*								
NAME/S*								
SURNAME*								
PREVIOUS/ MAIDEN NAME								
MARITAL STATUS	MARRIED SINGLE							
ID/ PASSPORT/ASYLUM/ PERMIT NUMBER*								
PASSPORT EXPIRY DATE (IF PASSPORT NUMBER IS PROVIDED)*	D D M M Y Y Y Y							
PASSPORT COUNTRY OF ISSUE (IF PASSPORT NUMBER IS PROVIDED)*								
GENDER*	FEMALE MALE							
CONTACT NUMBER*								
COUNTRY OF BIRTH*								
COUNTRY OF RESIDENCE*								
NATIONALITY*								
COUNTRIES OF CITIZENSHIP*								
* Compulsory fields								
PHYSICAL ADDRESS								
COMPLEX/UNIT/ NUMBER	COMPLEX NAME							



STREET NUMBER		ST	REET NAME*								
SUBURB*		CI	TY*								
COUNTRY*		PC	OSTAL CODE*								
*Compulsory fields											
DECLARATION											
sub-contractors and we mas collected, processed a	ake every effort to and shared. PoPIA ( Our latest terms an	our Personal Information (PI). You are otect and secure your PI. You are otection of Personal Information aconditions, available on www.STA	e entitled at any time to Act, 2013) is South Afric	reque ca's da	est acc ata pro	cess to	the in n law the	forma	tion S	STANL proted	_IB
No.38 of 2001, and unders	stand that STANLIB	ormation required in terms of STA prohibited from processing any t ided herein is true and correct ar	ransaction on my/our be	ehalf u	ıntil all	l such	docum	entatio	on ha	s bee	
SIGNATURE OF CLIENT/		DATE		D	- D	M	-	Y	Y	Y	
AUTHORISED SIGNATORY		SIGNE	D AT						•	•	

