

## Acting on Behalf of a Minor

### Linked Investments

#### IMPORTANT INFORMATION

Please complete this form if you are the parent or legal guardian of the minor and will manage the investment account on behalf of the minor. This form is not required if you have provided us with a birth certificate or proof of guardianship reflecting your details. Please note that only parents and / or guardians will be granted control of a minor's account. You may grant additional parties power over the account via way of a power of attorney to this effect.

Please email the completed form to [Lispinstructions@stanlib.com](mailto:Lispinstructions@stanlib.com), or fax to 0867 277 516 along with the documentation on our FICA and Business Requirement Annexure

#### DECLARATION BY THE PARENT OR LEGAL GUARDIAN

I declare that I am permitted to manage the investment account on behalf of the minor.

#### DETAILS OF MINOR

|  |                      |                                  |  |
|--|----------------------|----------------------------------|--|
| FIRST NAME*                              | <input type="text"/> | SURNAME*                         | <input type="text"/>                                     |
| ID NUMBER/PASSPORT NUMBER*               | <input type="text"/> | THE MINOR IS REGISTERED FOR TAX* | <input type="checkbox"/> YES <input type="checkbox"/> NO |
| IF YES, PLEASE PROVIDE THEIR TAX NUMBER* | <input type="text"/> |                                  |  |

\* Compulsory fields

#### DETAILS OF GUARDIAN

|                             |                                 |   |                      |
|-----------------------------|---------------------------------|---|----------------------|
| ACTING AS *                 | <input type="checkbox"/> PARENT | <input type="checkbox"/> LEGAL GUARDIAN |                      |
| FULL NAME*                  | <input type="text"/>            | SURNAME*                                | <input type="text"/> |
| ID NUMBER/ PASSPORT NUMBER* | <input type="text"/>            | TELEPHONE (H)                           | <input type="text"/> |
| TELEPHONE (W)               | <input type="text"/>            | CELLPHONE*                              | <input type="text"/> |
| EMAIL ADDRESS*              | <input type="text"/>            |   |                      |

\* Compulsory fields

#### 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.

I/We agree to provide all documentation and information required in terms of STANLIB's business rules and the Financial Intelligence Centre Act, No. 38 of 2001, and understand that STANLIB is prohibited from processing any transaction on my/our behalf until all such documentation has been provided.

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

|                                    |                      |           |   |
|------------------------------------|----------------------|-----------|---|
| SIGNATURE OF PARENT/LEGAL GUARDIAN | <input type="text"/> | DATE      | <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> |
|                                    |                      | SIGNED AT | <input type="text"/>  |

