

Beneficial Owner and Related Party Form Collective Investments (Unit Trusts)

- **Beneficial owner:** has shares 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.

BENEFICIAL OWNER DETAILS *

BENEFICIAL OWNER TYPE	<input type="checkbox"/> BENEFICIAL OWNER	<input type="checkbox"/> CONTROLLER	<input type="checkbox"/> SIGNATORY	<input type="checkbox"/> POWER OF ATTORNEY/PROXY	<input type="checkbox"/> OTHER					
IF OTHER, PLEASE SPECIFY	<input type="text"/>									
NAME/S	<input type="text"/>									
SURNAME	<input type="text"/>									
ID NUMBER / PASSPORT NUMBER / ASYLUM NUMBER	<input type="text"/>									
PASSPORT EXPIRY DATE (IF PASSPORT NUMBER IS PROVIDED)	<input type="text"/> D	<input type="text"/> D	-	<input type="text"/> M	<input type="text"/> M	-	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
PASSPORT COUNTRY OF ISSUE (IF PASSPORT NUMBER IS PROVIDED)	<input type="text"/>									
DATE OF BIRTH	<input type="text"/> D	<input type="text"/> D	-	<input type="text"/> M	<input type="text"/> M	-	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y	<input type="text"/> Y
GENDER	<input type="checkbox"/> FEMALE	<input type="checkbox"/> MALE								
CELLPHONE NUMBER	<input type="text"/>									
TELEPHONE NUMBER	<input type="text"/>									
EMAIL ADDRESS	<input type="text"/>									
COUNTRY OF RESIDENCE	<input type="text"/>									
NATIONALITY	<input type="text"/>									

*Compulsory Section

SOURCE OF FUNDS *

CODE:

01. Donations	04. Credit	07. Insurance pay out
02. Trade / business	05. Passive income (Rental / Dividends / Interest)	08. Tax refund
03. Venture capital	06. Savings	

*Compulsory Section

INDUSTRY *

CODE:

01. Government, state owned enterprise, armed forces	05. Politics	09. Administrative and support service	13. Professional, scientific, technical and education	17. Information, technology and communication
02. Gambling	06. Mining and quarrying	10. Agriculture, forestry and fishing	14. Electricity, water, gas supply and waste management	18. Manufacturing, wholesale or retail
03. Non-profit / religious organisation	07. Motor vehicles, transportation, distribution	11. Arts, entertainment, hospitality	15. Financial, investment and insurance	



04. Real estate	08. Unemployed	12. Construction	16. Human health and social work activities
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***Compulsory Section**

OCCUPATION *

CODE:

01. Executive / General	04. Management	07. Self employed	10. Clerical support
02. Heads of government / cabinet minister / judges	05. Professional	08. Unemployed	11. Craft and trades worker
03. Traditional leader / royal family	06. Religious leader	09. Technician, Sales or Services	12. General Staff

***Compulsory Section**

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 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 CLIENT /
AUTHORISED SIGNATORY *

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"/>
D	D		M	M		Y	Y	Y	Y

SIGNED AT

SIGNATURE OF FINANCIAL ADVISER

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"/>
D	D		M	M		Y	Y	Y	Y

SIGNED AT

***Compulsory Section**

