E-mail Lispinstructions@stanlib.com
Facsimile 0867 277 516

STANLIB

Appointment of Authorised Signatories

Linked Investments

CLIENT DETAILS

INVESTMENT NUMBER

NAME & SURNAME / ENTITY NAME

IDENTITY / PASSPORT / REGISTRATION NUMBER

AUTHORISED SIGNATORIES

It is resolved that the people, whose full details appear on the authorised signatory list below, are authorised to act on behalf of the investor in all transactions with STANLIB as set out on this document.

Please submit this form with FICA documentation of the authorised signatories listed below in terms of the Financial Intelligence Centre Act, No. 38 of 2001.

List of directors/members/trustees/authorised persons

NAME

SURNAME

SIGNING ALONE JOINTLY TELEPHONE -

IDENTITY/PASSPORT NUMBER

SPECIMEN SIGNATURE

NAME

SURNAME

SIGNING ALONE JOINTLY TELEPHONE -

IDENTITY/PASSPORT NUMBER

SPECIMEN SIGNATURE

NAME

SURNAME

SIGNING ALONE JOINTLY TELEPHONE -

IDENTITY/PASSPORT NUMBER

STALIOTH182
2018/06/30
HX4104

SPECIMEN SIGNATURE

NAME

SURNAME

SIGNING ALONE JOINTLY TELEPHONE -

IDENTITY/PASSPORT NUMBER

SPECIMEN SIGNATURE

INSTRUCTION DETAILS

SIGNATURES PER INSTRUCTION

Please complete the section below should a special signing arrangement be applicable in terms of the following transactions:

ADDITIONAL INVESTMENTS

CHANGE OF DETAILS

REDEMPTIONS

SWITCHES

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 * - - D D M M Y Y Y Y

SIGNED AT

SIGNATURE OF FINANCIAL ADVISER

DATE - - D D M M Y Y Y Y

SIGNED AT

***Compulsory Section**

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2018/06/30
HX4104