



Confirmation of Residential Address

Collective Investments (Unit Trusts)

Please only complete Section A or Section B

SECTION A: AFFIDAVIT CONFIRMING RESIDENTIAL ADDRESS OF CO-HABITANT

I THE UNDERSIGNED,

FULL NAME OF DEPONENT

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IDENTITY NUMBER

--	--	--	--	--	--	--	--

HEREBY CONFIRM THAT

FULL NAME OF STANLIB CLIENT

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IDENTITY NUMBER OF STANLIB
CLIENT

--	--	--	--	--	--	--	--

STATE RELATIONSHIP BETWEEN
DEPONENT AND STANLIB CLIENT

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RESIDES WITH ME AT:

DECLARATION

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

SIGNATURE OF DEPONENT

--

DATE

		-			-						
D	D		M	M		Y	Y	Y	Y		

SIGNED AT

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COMMISSIONER OF OATHS

I certify that the deponent acknowledged that he knew and understood the contents of the above declaration, that I duly administered the oath as prescribed by Regulation No R. 1258 of 21 July 1972, and that the deponent signed the declaration in my presence.

NAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

ADDRESS

DESIGNATION

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I CERTIFY THAT THIS AFFIDAVIT WAS
SIGNED BEFORE ME ON THE

		-			-						
D	D		M	M		Y	Y	Y	Y		

SIGNATURE OF COMMISSIONER OF
OATHS

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SECTION B: CONFIRMATION OF CLIENT VISIT

I THE UNDERSIGNED

FULL NAME OF DEPONENT

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IDENTITY NUMBER

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HEREBY CONFIRM THAT

FULL NAME OF STANLIB CLIENT

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IDENTITY NUMBER OF STANLIB CLIENT

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RESIDES AT

DECLARATION

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

SIGNATURE OF FINANCIAL ADVISER / STANLIB STAFF MEMBER

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

