

STANLIB

Confirmation of Residential Address

Please only complete Section A or Section B

SECTION A: AFFIDAVIT CONFIRMING RESIDENTIAL ADDRESS OF CO-HABITANT

I THE UNDERSIGNED,

FULL NAME OF DEPONENT [Grid: 10 columns, 2 rows]

IDENTITY NUMBER [Grid: 10 columns, 2 rows]

HEREBY CONFIRM THAT

FULL NAME OF STANLIB CLIENT [Grid: 10 columns, 2 rows]

IDENTITY NUMBER OF STANLIB CLIENT [Grid: 10 columns, 2 rows]

STATE RELATIONSHIP BETWEEN DEPONENT AND STANLIB CLIENT [Grid: 10 columns, 2 rows]

RESIDES WITH ME AT: [Grid: 10 columns, 4 rows]

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 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 [Signature box]

DATE

[Grid: 2 columns, 2 rows] - [Grid: 2 columns, 2 rows] - [Grid: 4 columns, 2 rows]
D D M M Y Y Y Y

SIGNED AT

[Signature box]

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 [Grid: 10 columns, 2 rows]

ADDRESS [Grid: 10 columns, 4 rows]

DESIGNATION [Grid: 10 columns, 2 rows]

I CERTIFY THAT THIS AFFIDAVIT WAS SIGNED BEFORE ME ON THE

[Grid: 2 columns, 2 rows] - [Grid: 2 columns, 2 rows] - [Grid: 4 columns, 2 rows]
D D M M Y Y Y Y

SIGNATURE OF COMMISSIONER OF OATHS [Signature box]



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

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 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

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DATE

SIGNED AT

		-			-				
D	D		M	M		Y	Y	Y	Y

