

Electronic Fund Transfer Form

TRANSFEROR'S DETAILS

COMPANY NAME																								
CONTACT PERSON																								
E-MAIL ADDRESS																								
CELLPHONE NUMBER				-							TELEPHONE (WORK)			-										

TRANSFER DETAILS

If the transferred amount is to be split amongst more than Four investments, a schedule providing the necessary details must be attached. Please allocate the transferred monies as follows:

Investment Account Number	Transfer Amount
1.	R
2.	R
3.	R
4.	R

DATE OF TRANSFER

D	D	M	M	Y	Y	Y	Y		

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 *							
		SIGNED AT							
SIGNATURE OF FINANCIAL ADVISER		DATE							
		SIGNED AT							

*Compulsory Section

