

Lost Policy Declaration Classic Investment Plan

CLIENT DETAILS

INVESTMENT NUMBER	<input type="text"/>
NAME & SURNAME / ENTITY NAME	<input type="text"/>
IDENTITY / PASSPORT / REGISTRATION NUMBER	<input type="text"/>

CLIENT'S PHYSICAL ADDRESS

COMPLEX / UNIT / HOUSE NUMBER	<input type="text"/>	
COMPLEX NAME / ESTATE	<input type="text"/>	
STREET NUMBER	<input type="text"/>	
STREET NAME / FARM NAME / AREA NAME*	<input type="text"/>	
SUBURB / DISTRICT*	<input type="text"/>	
CITY / TOWN*	<input type="text"/>	
COUNTRY*	<input type="text"/>	CODE* <input type="text"/>

*Compulsory fields

CLIENT'S POSTAL ADDRESS

<input type="checkbox"/> SAME AS PHYSICAL ADDRESS	
PO BOX NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>
PRIVATE BAG NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>
POSTNET SUITE NUMBER	<input type="text"/>
PRIVATE BAG NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>

DECLARATION

I, the undersigned, (full name) do hereby declare

- that I am the owner of this contract number and
- I have not ceded or in any way alienated the said policy as to pass title to another
- I have made, or caused to be made, proper search for the policy and am unable to find it
- To the best of my knowledge the policy was lost or destroyed in the following circumstances:



DETAILS OF LOSS OR DAMAGE

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 *

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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

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SIGNATURE OF FINANCIAL ADVISER

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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

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***Compulsory Section**

