

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 e.g. husband/wife mother/daughter

resides with me at:

Physical address of parties

Street

Suburb

City/Town

Country Postal code

Deponent Signed at

Date - - 2 0 Y Y

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 thereafter the deponent in my presence signed the declaration.

Full name

Designation

Business address

Postal code

Signature of Commissioner of Oaths

Signed at

Date - - 2 0 Y Y