

Client Consent to Obtain Financial Information Linked Investments

STANLIB ENTITY STANLIB WEALTH MANAGEMENT (PTY) LIMITED (LISP)

CLIENT DETAILS

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

FINANCIAL SERVICES PROVIDER DETAILS

NAME OF FINANCIAL CONSULTANCY (FSP)	<input type="text"/>
FSP LICENCE NUMBER	<input type="text"/>
NAME OF REPRESENTATIVE (FINANCIAL ADVISER)	<input type="text"/>



FINANCIAL ADVISER CODE	<input type="text"/>
MOBILE NUMBER	<input type="text"/>
FAX NUMBER	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>

FINANCIAL SERVICES PROVIDER AUTHORISATION

I acknowledge that I provide consent to STANLIB to collect, process, store, disclose and share my Personal Information (PI) for the purpose of servicing my investment.

I agree to provide all documentation and information requested in this document and further required by law and consent to STANLIB processing my information for the purposes stipulated within the Terms and Conditions.

I authorise the financial adviser as stated on the Investment Application form to request information on my behalf and to use the internet or other electronic facilities for this purpose. I further acknowledge and agree that any information obtained is only for information purposes.

This consent form is not an instruction to change my current financial adviser on record.

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY *	<input type="text"/>	DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		SIGNED AT	<input type="text"/>								

FINANCIAL ADVISER

I confirm that I have informed the client of the implications of this authority

SIGNATURE OF FINANCIAL ADVISER *	<input type="text"/>	DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		SIGNED AT	<input type="text"/>								

*Compulsory fields

