



Financial Adviser Detail Form

FINANCIAL ADVISER DETAILS

BROKER CONSULTANT NAME AND USER ID																								
STANLIB USER ID																								
LIBERTY 13 DIGIT CODE (IF APPLICABLE)																								
FSP LICENCE NO:																								
BROKERAGE /COMPANY NAME																								
TITLE (E.G. MR, MRS)							CELLPHONE NUMBER																	
FIRST NAME																								
MIDDLE NAME																								
SURNAME																								
ID NUMBER																								
DATE OF BIRTH	D D		-	M M		-	Y Y Y Y																	
VAT NUMBER																								
FAX NUMBER				-																				
OFFICE TELEPHONE NUMBER				-																				
MOBILE NUMBER				-																				
E-MAIL ADDRESS																								

PHYSICAL ADDRESS OF BROKERAGE

COMPLEX/UNIT NUMBER																								
COMPLEX NAME																								
STREET NUMBER																								
STREET NAME																								
SUBURB																								
POST CODE																								
CITY/TOWN																								
COUNTRY																								



POSTAL ADDRESS OF BROKERAGE

Select an option below and complete the details:

SAME AS PHYSICAL ADDRESS

PO BOX NUMBER

POST OFFICE NAME

POSTAL CODE

PRIVATE BAG NUMBER

POST OFFICE NAME

POSTAL CODE

POSTNET SUITE NUMBER

PRIVATE BAG NUMBER

POST OFFICE NAME

CODE

BANKING DETAILS FOR BROKERAGE

BANK

BRANCH

ACCOUNT NUMBER

BRANCH CODE

ACCOUNT TYPE CHEQUE ACCOUNT TRANSMISSION ACCOUNT SAVINGS ACCOUNT

ACCOUNT HOLDER'S NAME

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 hereby agree to provide all documentation and information required in terms of the Financial Intelligence Centre Act, No. 38 of 2001, and understand that STANLIB is prohibited from processing any transaction on my behalf until all such documentation and information has been provided.

SIGNATURE OF FINANCIAL SERVICE PROVIDER

DATE

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D D M M Y Y Y Y

SIGNED AT

