



LIBERTY

STANLIB

Liberty Bold Living Annuity

Underwritten by Liberty Group Limited, a registered Long-Term Insurer.

Change of Personal Details Form

CLIENT DETAILS

INVESTMENT ACCOUNT 1*	<input type="text"/>	INVESTMENT ACCOUNT 2	<input type="text"/>
INVESTMENT ACCOUNT 3	<input type="text"/>	INVESTMENT ACCOUNT 4	<input type="text"/>
EXISTING NAME & SURNAME/ ENTITY NAME ON RECORD *	<input type="text"/>		
EXISTING ID/ PASSPORT/ ASYLUM/ PERMIT/ REG NUMBER ON RECORD*	<input type="text"/>		
TAX REFERENCE NUMBER*	<input type="text"/>		
EMAIL ADDRESS* **	<input type="text"/>		

Please supply your tax reference number and email address to us if you haven't done so previously.

* Compulsory fields

** Where possible our correspondence to you will be sent by email. If you have changed your email address please provide the new email address.

IMPORTANT INFORMATION

All sections applicable to this investment must be completed in full and in block letters; all options must be indicated by a cross (X). Failure to provide clear instructions will delay processing.

<input checked="" type="checkbox"/>	Please submit the instruction together with the following documents:
<input type="checkbox"/>	For change of surname, certified or verified copy of a new ID/ passport with specimen signature (Accompanied by a copy of marriage certificate if change is due to marriage)
<input type="checkbox"/>	Related party annexure, if applicable*
*Each related party (beneficial owner, controller, signatory, power of attorney holder) to this investment account need to complete a related party annexure available on www.stanlib.com .	

INDIVIDUALS

Please only complete the details which have changed.

TITLE	<input type="text"/>																				
NAME/S	<input type="text"/>																				
SURNAME	<input type="text"/>																				
PREVIOUS NAME	<input type="text"/>																				
PREVIOUS SURNAME/ MAIDEN NAME	<input type="text"/>																				
ID/ PASSPORT/ ASYLUM/ PERMIT NUMBER	<input type="text"/>																				
PASSPORT EXPIRY DATE (IF PASSPORT NUMBER IS PROVIDED)	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 10px; text-align: center;">-</td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center; font-size: 8px;">D</td> <td style="text-align: center; font-size: 8px;">D</td> <td></td> <td style="text-align: center; font-size: 8px;">M</td> <td style="text-align: center; font-size: 8px;">M</td> <td></td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> <td style="text-align: center; font-size: 8px;">Y</td> </tr> </table>			-			-					D	D		M	M		Y	Y	Y	Y
		-			-																
D	D		M	M		Y	Y	Y	Y												



PASSPORT COUNTRY OF ISSUE (IF PASSPORT NUMBER IS PROVIDED)			
CELLPHONE NUMBER			
TELEPHONE NUMBER (H)		TELEPHONE NUMBER (W)	
COUNTRY OF RESIDENCE			
COUNTRY OF BIRTH			
NATIONALITY			
COUNTRIES OF CITIZENSHIP			

LEGAL ENTITIES

Please only complete the details which have changed.

REGISTERED ENTITY NAME/TRADE NAME			
REGISTRATION NUMBER			
DATE OF REGISTRATION			
COUNTRY OF REGISTRATION			
COUNTRY OF OPERATION			
CONTACT NUMBER			

CHANGE OF ADDRESS DETAILS

Please only complete the details which have changed.

PHYSICAL ADDRESS

COMPLEX/UNIT/NUMBER		COMPLEX NAME	
STREET NUMBER		STREET NAME*	
SUBURB*		CITY*	
COUNTRY*		POSTAL CODE*	

*Compulsory fields

POSTAL ADDRESS

SAME AS PHYSICAL ADDRESS

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

*Compulsory fields

TERMS AND CONDITIONS

1. I/we agree that you shall be entitled to implement all instructions and applications of whatever nature received by you on your Internet site, by telephone, by fax or any other electronic medium and which appear to emanate from me/us. You are indemnified against any losses, claims or damages arising from you acting on such instructions and/or applications, notwithstanding that it may later be proved that any such instruction was not given by me/us. I agree that the electronic records of all instructions and applications processed by/or on behalf of myself or which purport to be processed on behalf of myself via your Internet site, telefax, telephone or any other electronic medium shall constitute prima facie proof of the contents of such instructions and applications.
2. The terms and conditions signed and agreed to in the investment application form will remain in force and apply to this transaction. Refer to your investment application form for the detailed terms and conditions. Alternatively you can request a copy of the terms and conditions from your Financial Adviser or our Contact Centre on 0860 123 003.
3. STANLIB Wealth Management (Pty) Limited will endeavour to process a change of details instruction within a period of 2 business days, provided that there are no outstanding administrative requirements or issues between the Investment Manager and the Client.
4. Signature will be verified against the existing signature on our records and change can only be effected upon such verification.
5. 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.



DECLARATION

1. I confirm that all the information provided in this form is true and accurate at the time of signing this document. I furthermore confirm that all material facts are accurately and properly disclosed, and that the accuracy and completeness of all answers, statements or other information provided by me or on my behalf, are my responsibility.
2. I confirm that I have read and accept the clauses in the Terms and Conditions relating to the collection, processing, storage and distribution of my Personal Information. I acknowledge that acceptance of these terms and conditions is voluntary, but that without my PI as required by this application form STANLIB will be unable to provide me with products or services.

SIGNATURE OF CLIENT /
AUTHORISED SIGNATORY *

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

SIGNATURE OF FINANCIAL ADVISER

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

