

Appointment of Authorised Signatories Collective Investments (Unit Trusts)

CLIENT DETAILS

ENTITY ACCOUNT NUMBER	
NAME & SURNAME / ENTITY NAME	
IDENTITY / PASSPORT / REGISTRATION NUMBER	

AUTHORISED SIGNATORIES

It is resolved that the people, whose full details appear on the authorised signatory list below, are authorised to act on behalf of the investor in all transactions with STANLIB as set out on this document.

Please submit this form with FICA documentation of the authorised signatories listed below in terms of the Financial Intelligence Centre Act, No. 38 of 2001.

List of directors/members/trustees/authorised persons

NAME	
SURNAME	
SIGNING	<input type="checkbox"/> ALONE <input type="checkbox"/> JOINTLY TELEPHONE <input type="text"/> - <input type="text"/>
IDENTITY/PASSPORT NUMBER	<input type="text"/>
SPECIMEN SIGNATURE	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

NAME	
SURNAME	
SIGNING	<input type="checkbox"/> ALONE <input type="checkbox"/> JOINTLY TELEPHONE <input type="text"/> - <input type="text"/>
IDENTITY/PASSPORT NUMBER	<input type="text"/>
SPECIMEN SIGNATURE	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>

NAME	
SURNAME	
SIGNING	<input type="checkbox"/> ALONE <input type="checkbox"/> JOINTLY TELEPHONE <input type="text"/> - <input type="text"/>
IDENTITY/PASSPORT NUMBER	<input type="text"/>
SPECIMEN SIGNATURE	<div style="border: 1px solid black; height: 40px; width: 100%;"></div>



NAME																														
SURNAME																														
SIGNING	<input type="checkbox"/> ALONE	<input type="checkbox"/> JOINTLY	TELEPHONE	<input type="text"/>	-	<input type="text"/>																								
IDENTITY/PASSPORT NUMBER																														
SPECIMEN SIGNATURE																														

INSTRUCTION DETAILS

SIGNATURES PER INSTRUCTION

Please complete the section below should a special signing arrangement be applicable in terms of the following transactions:

ADDITIONAL INVESTMENTS

CHANGE OF DETAILS

REDEMPTIONS

SWITCHES

INVESTOR DECLARATION

- I/We acknowledge that I/We provide consent to STANLIB to collect, process, store, disclose and share my Personal Information for the purpose of servicing my investment.
- I/We 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/We confirm that all information provided herein is true and correct and that I/We have read and understood the contents of this form.
- I/We acknowledge and accept that the information contained in this form and information about the Account Holder may be provided to SARS. Further, that SARS may also exchange the information with the tax authorities of another country or countries in which the Account Holder may be tax resident.

If the information you have provided in this form changes in future, please submit a new form within 30 days. If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.

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"/>								
CAPACITY	<input type="text"/>										
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"/>								

