

Annexure A: Beneficial Owner and Related Party Form Collective Investments (Unit Trusts)

Definitions:

Beneficial owner: has shares in the legal entity equal to or greater than 25% holding or owns the bank account used by the entity.

Controlling Person: exercises control over the entity, such as directors or executives

Signatory: binds a person/ entity to the terms of an agreement.

Power of attorney: has authorisation to represent or act on behalf of a person/ entity

DETAILS OF RELATIONSHIP

RELATIONSHIP WITH INVESTOR/ENTITY *	<input type="checkbox"/> BENEFICIAL OWNER	<input type="checkbox"/> CONTROLLER	<input type="checkbox"/> SIGNATORY	<input type="checkbox"/> POWER OF ATTORNEY
NAME OF INVESTOR/ ENTITY *	<input type="text"/>			

* Compulsory fields

RELATED PARTY DETAILS - COMPLETE THIS SECTION ONLY IF RELATED PARTY IS A LEGAL ENTITY

ENTITY NAME*	<input type="text"/>
REGISTRATION NUMBER*	<input type="text"/>
DATE OF REGISTRATION*	<input type="text"/> - <input type="text"/> - <input type="text"/>
	D D M M Y Y Y Y
CONTACT NUMBER*	<input type="text"/>
COUNTRY OF OPERATION*	<input type="text"/>
COUNTRY OF REGISTRATION*	<input type="text"/>

* Compulsory fields

RELATED PARTY DETAILS - COMPLETE THIS SECTION ONLY IF RELATED PARTY IS AN INDIVIDUAL

TITLE *	<input type="text"/>	NAME/S *	<input type="text"/>
SURNAME *	<input type="text"/>	ID/PASSPORT NUMBER *	<input type="text"/>
MAIDEN NAME	<input type="text"/>	PASSPORT EXPIRY DATE *	<input type="text"/> - <input type="text"/> - <input type="text"/>
			D D M M Y Y Y Y
DATE OF BIRTH *	<input type="text"/> - <input type="text"/> - <input type="text"/>	GENDER	<input type="checkbox"/> FEMALE <input type="checkbox"/> MALE
	D D M M Y Y Y Y		
MARITAL STATUS *	<input type="checkbox"/> SINGLE <input type="checkbox"/> MARRIED		
CELLPHONE (DIALING CODE) *	<input type="text"/> - <input type="text"/>	TELEPHONE (DIALING CODE)	<input type="text"/> - <input type="text"/>
EMAIL ADDRESS *	<input type="text"/>		
COUNTRY OF PRIMARY RESIDENCE*	<input type="text"/>		
COUNTRIES OF CITIZENSHIP*	<input type="text"/>		
NATIONALITY *	<input type="text"/>		

* Compulsory fields



PHYSICAL ADDRESS

COMPLEX/UNIT/ NUMBER	<input type="text"/>	COMPLEX NAME	<input type="text"/>
STREET NUMBER	<input type="text"/>	STREET NAME*	<input type="text"/>
SUBURB*	<input type="text"/>	CITY*	<input type="text"/>
COUNTRY*	<input type="text"/>	POSTAL CODE*	<input type="text"/>

*Compulsory fields

INVESTOR DECLARATION

1. 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.
2. 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.
3. 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.
4. 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"/> D D M M Y Y Y Y
CAPACITY	<input type="text"/>	SIGNED AT	<input type="text"/>
SIGNATURE OF FINANCIAL ADVISER	<input type="text"/>	DATE	<input type="text"/> - <input type="text"/> - <input type="text"/> D D M M Y Y Y Y
		SIGNED AT	<input type="text"/>

