

## Client Consent to Obtain Information Collective Investments (Unit Trusts)

STANLIB ENTITY  STANLIB COLLECTIVE INVESTMENTS (UNIT TRUST)

### CLIENT DETAILS

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

### CLIENT'S PHYSICAL ADDRESS \*

COMPLEX / UNIT / HOUSE NUMBER *													
COMPLEX NAME / ESTATE *													
STREET NUMBER *													
STREET NAME / FARM NAME / AREA NAME *													
SUBURB / DISTRICT *													
CITY / TOWN *													
COUNTRY *											CODE *		

#### \*Compulsory section

### CLIENT'S POSTAL ADDRESS

<input type="checkbox"/> 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													
POSTAL CODE													

### FINANCIAL SERVICES PROVIDER DETAILS

NAME OF FINANCIAL CONSULTANCY (FSP)													
FSP LICENCE NUMBER													



NAME OF REPRESENTATIVE (FINANCIAL ADVISER)	
FINANCIAL ADVISER CODE	
MOBILE NUMBER	
FAX NUMBER	
E-MAIL ADDRESS	

**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 *		DATE	<table border="1"> <tr> <td></td><td></td> <td>-</td> <td></td><td></td> <td>-</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td> <td></td> <td>M</td><td>M</td> <td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			-			-					D	D		M	M		Y	Y	Y	Y
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		SIGNED AT																					

**FINANCIAL ADVISER**

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

SIGNATURE OF FINANCIAL ADVISER *		DATE	<table border="1"> <tr> <td></td><td></td> <td>-</td> <td></td><td></td> <td>-</td> <td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td> <td></td> <td>M</td><td>M</td> <td></td> <td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			-			-					D	D		M	M		Y	Y	Y	Y
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		SIGNED AT																					

\*Compulsory fields

