

SECTION B: CONFIRMATION OF CLIENT VISIT

I THE UNDERSIGNED

FULL NAME OF DEPONENT

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IDENTITY NUMBER

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

HEREBY CONFIRM THAT

FULL NAME OF STANLIB CLIENT

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

IDENTITY NUMBER OF STANLIB CLIENT

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

RESIDES AT

INVESTOR DECLARATION

I confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.

SIGNATURE OF FINANCIAL ADVISER
/ STANLIB STAFF MEMBER

DATE

<small>D</small>	<small>D</small>	-	<small>M</small>	<small>M</small>	-	<small>Y</small>	<small>Y</small>	<small>Y</small>	<small>Y</small>

SIGNED AT

