

## Annexure B: 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.

**Controller:** 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 \*  BENEFICIAL OWNER  CONTROLLER

NAME OF INVESTOR/ ENTITY \*

### \* Compulsory fields

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

ENTITY NAME\*

REGISTRATION NUMBER\*

DATE OF REGISTRATION\*

-   -      
D D M M Y Y Y Y

CONTACT NUMBER\*

COUNTRY OF OPERATION\*

COUNTRY OF REGISTRATION\*

### \* Compulsory fields

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

TITLE \*

NAME/S \*

SURNAME \*

ID/PASSPORT NUMBER \*

MAIDEN NAME

PASSPORT EXPIRY DATE \*

-   -      
D D M M Y Y Y Y

DATE OF BIRTH \*

-   -      
D D M M Y Y Y Y

GENDER

FEMALE

MALE

MARITAL STATUS \*

SINGLE

MARRIED

CELLPHONE (DIALING CODE) \*

 -

TELEPHONE (DIALING CODE)

 -

EMAIL ADDRESS \*

COUNTRY OF PRIMARY RESIDENCE\*

COUNTRIES OF CITIZENSHIP\*

NATIONALITY \*

### \* 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"/>

