

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;"></div>																							

INSTRUCTION DETAILS

SIGNATURES PER INSTRUCTION	<input type="text"/>	<input type="text"/>
Please complete the section below should a special signing arrangement be applicable in terms of the following transactions:		
ADDITIONAL INVESTMENTS	<div style="border: 1px solid black; height: 20px;"></div>	
CHANGE OF DETAILS	<div style="border: 1px solid black; height: 20px;"></div>	
REDEMPTIONS	<div style="border: 1px solid black; height: 20px;"></div>	
SWITCHES	<div style="border: 1px solid black; height: 20px;"></div>	

DECLARATION

We are required to collect, process and share your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information STANLIB has collected, processed and shared.

I/We agree to provide all documentation and information required in terms of STANLIB's business rules and the Financial Intelligence Centre Act, No. 38 of 2001, and understand that STANLIB is prohibited from processing any transaction on my/our behalf until all such documentation has been provided.

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.

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<div style="border: 1px solid black; height: 40px;"></div>	DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		SIGNED AT	<div style="border: 1px solid black; height: 20px;"></div>								
SIGNATURE OF FINANCIAL ADVISER	<div style="border: 1px solid black; height: 40px;"></div>	DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		SIGNED AT	<div style="border: 1px solid black; height: 20px;"></div>								

