



Confirmation of Residential Address

Please only complete Section A or Section B

SECTION A: AFFIDAVIT CONFIRMING RESIDENTIAL ADDRESS OF CO-HABITANT

I THE UNDERSIGNED,

FULL NAME OF DEPONENT

IDENTITY NUMBER

HEREBY CONFIRM THAT

FULL NAME OF STANLIB CLIENT

IDENTITY NUMBER OF STANLIB CLIENT

STATE RELATIONSHIP BETWEEN DEPONENT AND STANLIB CLIENT

RESIDES WITH ME AT:

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

SIGNATURE OF DEPONENT

DATE

- -
D D M M Y Y Y Y

SIGNED AT

COMMISSIONER OF OATHS

I certify that the deponent acknowledged that he knew and understood the contents of the above declaration, that I duly administered the oath as prescribed by Regulation No R. 1258 of 21 July 1972, and that the deponent signed the declaration in my presence.

NAME

ADDRESS

DESIGNATION

I CERTIFY THAT THIS AFFIDAVIT WAS SIGNED BEFORE ME ON THE

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D D M M Y Y Y Y

SIGNATURE OF COMMISSIONER OF OATHS



SECTION B: CONFIRMATION OF CLIENT VISIT

I THE UNDERSIGNED

FULL NAME OF DEPONENT

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IDENTITY NUMBER

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HEREBY CONFIRM THAT

FULL NAME OF STANLIB CLIENT

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IDENTITY NUMBER OF STANLIB CLIENT

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RESIDES AT

DECLARATION

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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

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DATE

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D	D		M	M		Y	Y	Y	Y

SIGNED AT

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