

Additional Investment Form Collective Investments (Unit Trusts): Lesotho

CLIENT DETAILS

ENTITY NUMBER	<input type="text"/>
NAME & SURNAME / ENTITY NAME *	<input type="text"/>
IDENTITY / PASSPORT / REGISTRATION NUMBER *	<input type="text"/>

SOURCE OF INCOME *

CODE:

<input type="checkbox"/> 01. Gifts / inheritance / winnings	<input type="checkbox"/> 04. Passive income (Rental, Dividends, Interest)	<input type="checkbox"/> 07. Retirement / insurance pay out
<input type="checkbox"/> 02. Trade / business	<input type="checkbox"/> 05. Savings	<input type="checkbox"/> 08. Salary / bonus
<input type="checkbox"/> 03. Credit	<input type="checkbox"/> 06. Child / spousal support payments	<input type="checkbox"/> 09. Tax refund

***Compulsory Section**

PURPOSE OF INVESTMENT *

CODE:

<input type="checkbox"/> 01. Start and expand a business	<input type="checkbox"/> 02. Education savings	<input type="checkbox"/> 03. Foreign exchange hedging	<input type="checkbox"/> 04. Save for retirement / financial goals	<input type="checkbox"/> 05. Winding up estate
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***Compulsory Section**

IF YOUR CELL NUMBER AND EMAIL ADDRESS HAVE CHANGED, PLEASE UPDATE BELOW

CELL NO	<input type="text"/>
EMAIL	<input type="text"/>

INVESTMENT DETAILS

PAYMENT TYPE LUMP SUM: DIRECT DEPOSIT LUMP SUM: ONCE OFF DEBIT RECURRING PLAN: RECURRING DEBIT ORDER

The minimum ad-hoc amount is determined by the portfolio selection.

UNIT TRUST PORTFOLIOS

Portfolio Name	Existing account number	Lump sum investment amount	Recurring debit order investment amount	Total upfront manager charge (excl.VAT)
1.		M	M	%
2.		M	M	%
3.		M	M	%

BANKING DETAILS

Account Name: **STANLIB Unit Trust Inflow Account**
 Account Number: 9080001512435
 Bank: Standard Lesotho Bank
 Branch Code: 06-06-67 (City)
 Swift Code: SBICLSMX



FINANCIAL ADVISER

1. The Client hereby confirms that he/she has appointed/hereby appoints the Financial Adviser (FA) for purposes of his/her dealings with STANLIB.
2. The Client agrees that STANLIB will pay the FA the charges as set out in this application form. Where the FA is a legal entity (e.g a company or a close corporation) the FA is represented herein by the natural person identified in the relevant block below.
3. Where the Client has terminated his FA's appointment, it is the Client's responsibility to advise STANLIB of such termination immediately. On receipt of such written notification, STANLIB will cease payment of all charges, other than accrued charges to the FA.
4. The Client understands that where he/she changes FA the consequences of such change may result in different or new fund and fees structures.

FINANCIAL ADVISER 1

FA LICENCE NO:

STANLIB ID

NAME OF SOLE PROPRIETOR OR NAME OF REPRESENTATIVE

TERMS AND CONDITIONS

1. The terms and conditions signed and agreed to at the initial investment application stage will remain in force and apply to this transaction. Please refer to the terms and conditions provided to you at the initial investment application stage. Alternatively you can request a copy of the terms and conditions from a STANLIB branch. The Client agrees to be bound by the said terms and conditions.
2. The client hereby agrees to provide all documentation and information in terms of the identification and business requirements, and understands that STANLIB is prohibited from processing any transaction on the client's behalf until all such documentation and information has been received. A copy of the identification and business requirements document may be requested from a STANLIB branch.
3. The Manager does not provide any guarantee either with respect to the capital or the return of a portfolio.

DECLARATION

I/We apply for participatory interests (units) in the above selected portfolio(s) and understand that this investment will be subject to the Deeds governing the scheme(s) administered by STANLIB Lesotho. I/We agree to provide all documentation and information required and understand that STANLIB Lesotho 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. 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 Lesotho has collected, processed and shared. I/We agree and consent as necessary that STANLIB Lesotho together with its affiliates may collect, process or otherwise deal with my information including processing of personal information outside Lesotho for purposes of providing services and products according to the Terms and Conditions. Any money received by STANLIB Lesotho that is not accompanied by the required documentation will be held in a temporary account until said documentation is received. The Client and the Financial Adviser, by signing this form, state and declare that they have each read and understood the terms and conditions pertaining to the investment; including but not limited to Investment Objective, Information on Net Asset Value, Charges, Risk Factors, Income Accruals and declare that the STANLIB and Financial Adviser charges as indicated on this application form are correct; warrant that all statements given by each of them in this application form are true and correct in every aspect; and that such statements shall form the basis of the contract which is to be entered into with STANLIB as well as the contract between the Client and the Financial Adviser.

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY		DATE	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>
		SIGNED AT	
SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY		DATE	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>
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		SIGNED AT	
SIGNATURE OF FINANCIAL ADVISER		DATE	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/> <small>D D M M Y Y Y Y</small>
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