

Change of details Form Collective Investments (Unit Trust): Lesotho

NEW CLIENT DETAILS

Please ensure that all required supporting documentation is submitted with this instruction.

ENTITY ACCOUNT NUMBER	<input type="text"/>
TITLE	<input type="text"/>
NAME/S	<input type="text"/>
SURNAME/NAME OF LEGAL ENTITY	<input type="text"/>
IDENTITY/PASSPORT / REGISTRATION NUMBER	<input type="text"/>
CELLPHONE NUMBER	<input type="text"/>
TELEPHONE (WORK)	<input type="text"/>
EMAIL ADDRESS	<input type="text"/>

CLIENT'S PHYSICAL ADDRESS *

COMPLEX / UNIT / HOUSE NUMBER *	<input type="text"/>
COMPLEX NAME / ESTATE *	<input type="text"/>
STREET NUMBER *	<input type="text"/>
STREET NAME / FARM NAME / AREA NAME *	<input type="text"/>
SUBURB / DISTRICT *	<input type="text"/>
CITY / TOWN *	<input type="text"/>
COUNTRY *	<input type="text"/>
CODE *	<input type="text"/>

***Compulsory section**

CLIENT'S POSTAL ADDRESS

<input type="checkbox"/> SAME AS PHYSICAL ADDRESS	
PO BOX NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>
PRIVATE BAG NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>
POSTNET SUITE NUMBER	<input type="text"/>
PRIVATE BAG NUMBER	<input type="text"/>



POST OFFICE NAME

POSTAL CODE

CHANGE OF EMAIL ADDRESS

EMAIL ADDRESS

CHANGE OF RECURRING DEBIT ORDER DETAILS

The product minimum recurring debit order amounts must be met.

LOAD A NEW DEBIT ORDER

YES

NO

CHANGE AN EXISTING DEBIT ORDER

YES

NO

CANCEL A DEBIT ORDER

YES

NO

EFFECTIVE DATE OF CHANGE

D

-

M

-

Y

Y

Y

Y

Portfolio name	New debit order amount	Change debit order portfolio to (specify new portfolio name)
1.	M	
2.	M	
3.	M	

INCOME DISTRIBUTION

All distributions will be reinvested as per the investment selection unless otherwise instructed.

PAY INTO MY BANK ACCOUNT

YES

REINVEST INTO A DIFFERENT EXISTING STANLIB PORTFOLIO

YES

NAME OF SELECTED PORTFOLIO OR STANLIB ACCOUNT NUMBER

BANKING DETAILS

Use the bank details listed below for the following transactions:

REDEMPTIONS

INCOME DISTRIBUTIONS

REGULAR WITHDRAWAL OPTIONS

DEBIT ORDERS

Payments to third party bank accounts are not allowed. Payments can only be paid into an account in the name of the Client.

BANK

BRANCH

BRANCH CODE

ACCOUNT NUMBER

ACCOUNT TYPE

CHEQUE

SAVINGS

TRANSMISSION

ACCOUNT HOLDER'S ID NUMBER

ACCOUNT HOLDER'S NAME

SIGNATURE OF BANK ACCOUNT HOLDER/ AUTHORISED SIGNATORY

If the debit order is funded by a 3rd party (spouse included):

* For individuals: Certified copy of the third party's identity document with a specimen signature.

* For entities: Standard Bank – Bank account mandate

* Other banks – Letter from the bank confirming signing authority and a certified copy of identity document with a specimen signature of the signatory/ies.



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 agree to provide all documentation and information required 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		DATE	[] [] - [] [] - [] [] [] [] <small>D D M M Y Y Y Y</small>
		SIGNED AT	
SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY		DATE	[] [] - [] [] - [] [] [] [] <small>D D M M Y Y Y Y</small>
		SIGNED AT	
SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY		DATE	[] [] - [] [] - [] [] [] [] <small>D D M M Y Y Y Y</small>
		SIGNED AT	
SIGNATURE OF FINANCIAL ADVISER / BUSINESS CONSULTANT		DATE	[] [] - [] [] - [] [] [] [] <small>D D M M Y Y Y Y</small>
		SIGNED AT	

