STANLIB

Confirmation of Residential Address

Collective Investments (Unit Trusts): Lesotho

Please only complete Section A or Section B

SECTION A: AFFIDAVIT C	ONF	FIR	1IM	NG	RES	SIDI	ENT	TAL	_ A[DDR	ESS	S OF	F CC	D-H	ABI	TA	NT								
I THE UNDERSIGNED,																									
FULL NAME OF DEPONENT																									
IDENTITY NUMBER																									
HEREBY CONFIRM THAT														1											
FULL NAME OF STANLIB CLIENT																									
IDENTITY NUMBER OF STANLIB CLIENT																									
STATE RELATIONSHIP BETWEEN DEPONENT AND STANLIB CLIENT																									
RESIDES WITH ME AT:																									
INVESTOR DECLARATION																									
I confirm that all information pro	vide	d he	ereir	n is t	rue	and	cor	rect	and	that	I ha	ve r	read	and	d und	ders	tood	the	cor	nten	ts of	this	for	m.	
		DATE													-			-							
SIGNATURE OF DEPONENT																_	D	D		М	М		Y	Y Y	Y
									SIGNED AT																
COMMISSIONER OF OATHS																									
I certify that the deponent acknowle declaration in my presence.	gded	that	t he	knev	v and	d und	derst	ood	the c	onte	nts c	f the	abc	ve d	lecla	ratio	n, an	d tha	at th	e de _l	oone	nt si	gned	d the	
NAME																									
ADDRESS																									
NBBREGO																									
DESIGNATION																									
I CERTIFY THAT THIS AFFIDAVIT WAS SIGNED BEFORE ME ON THE			١.			1 -					Ī														
SIGNED BEFORE IME ON THE	D	D		М	М		Y	Y	Y	Y															



SECTION B: CONFIRMATION OF CLIENT VISIT																						
I THE UNDERSIGNED	THE UNDERSIGNED																					
FULL NAME OF DEPONENT																						
IDENTITY NUMBER																						
HEREBY CONFIRM THAT																						
FULL NAME OF STANLIB CLIENT																						
IDENTITY NUMBER OF STANLIB CLIENT																						
RESIDES AT																						
									,													
INVESTOR DECLARATION																						
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							DATE								D	D	- [M 1	M	 ' Y	Y	Y
/STANLIB STAFF MEMBER							SIGNED AT									<i>-</i>	'		141	 · ·		'

