



SECTION B: CONFIRMATION OF CLIENT VISIT

I THE UNDERSIGNED

FULL NAME OF DEPONENT

Grid for full name of deponent

IDENTITY NUMBER

Grid for identity number

HEREBY CONFIRM THAT

FULL NAME OF STANLIB CLIENT

Grid for full name of Stanlib client

IDENTITY NUMBER OF STANLIB CLIENT

Grid for identity number of Stanlib client

RESIDES AT

Grid for residence address

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 / STANLIB STAFF MEMBER

Signature box

DATE

Date grid (DD-MM-YYYY)

SIGNED AT

Signed at location box

