

Debit Order Form

Collective Investments (Unit Trust): Lesotho

CLIENT DETAILS

| | |
|---------------------------------------|----------------------|
| ENTITY / ACCOUNT NUMBER | <input type="text"/> |
| NAME & SURNAME / ENTITY NAME | <input type="text"/> |
| IDENTITY/PASSPORT/REGISTRATION NUMBER | <input type="text"/> |
| CELL PHONE NUMBER | <input type="text"/> |

DEBIT ORDER DETAILS FOR A NEW RECURRING DEBIT ORDER

DEBIT ORDER PREFERRED DATE 1ST (DEFAULT DATE) 15TH 25TH COMMENCEMENT DATE -
M M Y Y Y Y

PAYMENT FREQUENCY MONTHLY QUARTERLY BI-ANNUALLY ANNUALLY

*If no date is selected, we will default to the 1st of the following month.

*If the payment frequency is not selected, we will default to monthly.

| Portfolio Name | Account Number | Amount |
|----------------|----------------|--------|
| 1. | | M |
| 2. | | M |
| 3. | | M |

CHANGE OF RECURRING DEBIT ORDER DETAILS

The product minimum recurring debit order amounts must be met.

CHANGE AN EXISTING DEBIT ORDER YES NO

CANCEL AN EXISTING DEBIT ORDER YES NO

EFFECTIVE DATE OF CHANGE - -
D D M 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 | |



BANKING DETAILS FOR DEBIT ORDER

| | | | | | | | | | | | | | | | | |
|----------------------------|---------------------------------|--|--|--|--|----------------------------------|--|--|--|--|---------------------------------------|--|--|--|--|--|
| BANK | | | | | | | | | | | | | | | | |
| BRANCH | | | | | | | | | | | BRANCH CODE | | | | | |
| ACCOUNT NUMBER | | | | | | | | | | | | | | | | |
| ACCOUNT TYPE | <input type="checkbox"/> CHEQUE | | | | | <input type="checkbox"/> SAVINGS | | | | | <input type="checkbox"/> TRANSMISSION | | | | | |
| ACCOUNT HOLDER'S ID NUMBER | | | | | | | | | | | | | | | | |
| ACCOUNT HOLDER'S NAME | | | | | | | | | | | | | | | | |

| | | | | |
|---|--|-----------|---|--|
| SIGNATURE OF BANK ACCOUNT HOLDER / 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 BANK ACCOUNT HOLDER / 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 BANK ACCOUNT HOLDER / 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 | | |

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.

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 | <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 / BUSINESS CONSULTANT | | 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 | | |

