

## Switch Form

### Collective Investments (Unit Trusts): 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"/>

#### SWITCH/ TRANSFER OPTION

PLEASE SELECT THE APPLICABLE OPTION:

<input type="checkbox"/>	SWITCH	<input type="checkbox"/>	TRANSFER
<input type="checkbox"/>	CONSOLIDATE DIFFERENT ACCOUNTS IN THE SAME PORTFOLIO	<input type="checkbox"/>	TRANSFER/ SWITCH BETWEEN INVESTORS IN DIFFERENT PORTFOLIOS

#### SWITCH FROM:

Portfolio Name	Account number	Percentage	Amount
1.		%	M
2.		%	M
3.		%	M
<b>TOTAL</b>		%	M

#### SWITCH TO:

Portfolio Name	Total upfront manager fee (excl. Vat)	Account number	Percentage	Amount
1.	%		%	M
2.	%		%	M
3.	%		%	M
<b>TOTAL</b>			%	M

#### TRANSFeree DETAILS

Please supply the following details of the person or institution to whom the participatory interests/ units will be transferred to.

NAME	<input type="text"/>
SELECTED PORTFOLIO NAME	<input type="text"/>
EXISTING CLIENT	<input type="checkbox"/> YES <input type="checkbox"/> NO (COMPLETE A NEW APPLICATION FORM)
INVESTMENT ACCOUNT NUMBER	<input type="text"/>



## 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 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	

## 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.

## 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 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	<table border="1"><tr><td></td></tr></table>		DATE  SIGNED AT	<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <table border="1"><tr><td></td></tr></table>			-			-					D	D		M	M		Y	Y	Y	Y	
		-			-																				
D	D		M	M		Y	Y	Y	Y																
SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<table border="1"><tr><td></td></tr></table>		DATE  SIGNED AT	<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <table border="1"><tr><td></td></tr></table>			-			-					D	D		M	M		Y	Y	Y	Y	
		-			-																				
D	D		M	M		Y	Y	Y	Y																
SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<table border="1"><tr><td></td></tr></table>		DATE  SIGNED AT	<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <table border="1"><tr><td></td></tr></table>			-			-					D	D		M	M		Y	Y	Y	Y	
		-			-																				
D	D		M	M		Y	Y	Y	Y																
SIGNATURE OF FINANCIAL ADVISER / BUSINESS CONSULTANT	<table border="1"><tr><td></td></tr></table>		DATE  SIGNED AT	<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table> <table border="1"><tr><td></td></tr></table>			-			-					D	D		M	M		Y	Y	Y	Y	
		-			-																				
D	D		M	M		Y	Y	Y	Y																

