## **STANLIB**



## Client Consent to Obtain Information

Collective Investments (Unit Trusts)

STANLIB ENTITY X STANLIB COLLECTIVE INVESTMENTS (UNIT TRUST)																					
CLIENT DETAILS																					
INVESTMENT NUMBER																					
NAME & SURNAME / ENTITY NAME																					
IDENTITY / PASSPORT / REGISTRATION NUMBER																					
CLIENT'S PHYSICAL ADDR	CLIENT'S PHYSICAL ADDRESS *																				
COMPLEX / UNIT / HOUSE NUMBER *																					
COMPLEX NAME / ESTATE *																					
STREET NUMBER *																					
STREET NAME / FARM NAME / AREA NAME *																					
SUBURB / DISTRICT *																					
CITY / TOWN *																					
COUNTRY *																					
COUNTY																	CODI	E * _			
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## FATCA/CRS SELF-CERTIFICATION DECLARATION FOR INDIVIDUALS

As part of STANLIB's obligation to comply with the U.S Foreign Account Tax Compliance Act (FATCA) we require you to provide us with your tax information. This tax information will be kept on record and will be disclosed to the relevant tax authorities as and when required as per the FATCA regulation.

The information contained under this section is not tax advice. We recommend that you consult a professional tax or legal advisor for specific tax or legal advice. Each Controlling person needs to complete an individual IRS W-9 form for Tax identification and Certification as found on the IRS website: https://www.irs.gov/pub/irs-pdf/fw9.pdf.

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CITIZENSHIP DETAILS *																					
ARE YOU A USA CITIZEN? YES NO																					
If you have selected 'YES', please complete an individual IRS W-9 form for Tax identification and Certification found on the IRS website: https://www.irs.gov/pub/irs-pdf/fw9.pdf.																					
TAX INFORMATION *																					
ARE YOU A REGISTERED TAX PAYER?  YES  NO																					
ARE YOU A REGISTERED TAX PAYER IN THE USA?  YES  NO																					
ARE YOU REGISTERED TAX PAYER IN I	MULTIPLE (	COUNTI	RIES?				YE	S		N	10										
2. If 'YES' to any of the above, please list below.	1. By ticking 'No' you confirm that you are not registered for Tax and you are still required to complete country(ies) of tax residency on the table below.  2. If 'YES' to any of the above, please list all countries in which you are a resident for tax purposes and provide the associated Tax Identification Numbers on the table below.  3. By ticking 'Not applicable' on the table below, you confirm that the country specified does not issue Tax Identification Numbers.																				
Country(ies) of Ta	x Residend	су *							1	Tax Id	lentifi	catio	n Nu	mber	*			Not Applicable			
1.																					
2.																					
3.																					
4.																					
5.																					
*Compulsory Section																					
FINANCIAL SERVICES PE	ROVIDE	ER DE	ETAIL	.S																	
NAME OF FINANCIAL CONSULTANCY (FSP)																					
FSP LICENCE NUMBER																					
NAME OF REPRESENTATIVE (FINANCIAL ADVISER)																					
FINANCIAL ADVISER CODE																					
MOBILE NUMBER																					
FAX NUMBER																					



E-MAIL ADDRESS

## FINANCIAL SERVICES PROVIDER AUTHORISATION

I acknowledge that I provide consent to STANLIB to collect, process, store, disclose and share my Personal Information (PI) for the purpose of servicing my investment.

I agree to provide all documentation and information requested in this document and further required by law and consent to STANLIB processing my information for the purposes stipulated within the Terms and Conditions.

I authorise the financial adviser as stated on the Investment Application form to request information on my behalf and to use the internet or other electronic facilities for this purpose. I further acknowledge and agree that any information obtained is only for information purposes.

This consent form is not an instruction to change my current financial adviser on record.

SIGNATURE OF CLIENT/	DATE	D	D	-	М	м	-	Y	Y	Y	
AUTHORISED SIGNATORY*	SIGNED AT										
FINANCIAL ADVISER											
confirm that I have informed the cl	ient of the implications of this authority										
SIGNATURE OF FINANCIAL ADVISER*	DATE	D	D	] -	М	М	-	Y	Y	Y	Y
	SIGNED AT							•	•	•	

\*Compulsory fields

