STANLIB



Confirmation of Residential Address

Collective Investments (Unit Trusts)

Please only complete Section A or Section B

SECTION A: AFFIDAVIT C	CON	FIR	IMI I	NG I	RES	IDE	ENT	TAL	_ AE	DDR	ESS	S OF	FCC)-H	ABI	TΑ	NT								
I THE UNDERSIGNED,																									
FULL NAME OF DEPONENT																									
IDENTITY NUMBER																									
HEREBY CONFIRM THAT																									
FULL NAME OF STANLIB CLIENT																									
IDENTITY NUMBER OF STANLIB CLIENT																									
STATE RELATIONSHIP BETWEEN DEPONENT AND STANLIB CLIENT																									
RESIDES WITH ME AT:																									
LAW FOTOD DECLADATION												ı			ı										
INVESTOR DECLARATION																							_		
I confirm that all information pro	ovide	ed he	ereir	ıs t	rue	and	corr	ect	and	that	I ha	ive r	read	and	lund	ders	tood	l the	con	itent	s of	this	torr	n.	
		DATE																- L							
SIGNATURE OF DEPONENT															D	D		M I	М	Y	΄ Υ	Y	Y		
	SIGNED AT																								
COMMISSIONER OF OATHS																									
I certify that the deponent acknowled prescribed by Regulation No R. 125																			duly	admi	iniste	ered	the o	ath a	as
NAME																									
ADDRESS																									
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		<u> </u>	<u> </u>																						
DESIGNATION																									
I CERTIFY THAT THIS AFFIDAVIT WAS SIGNED BEFORE ME ON THE] -			-																			
	D	D		М	M		Υ	Y	Y	Y															
SIGNATURE OF COMMISSIONER OF OATHS																									



SECTION B: CONFIRMATION OF CLIENT VISIT																					
I 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	- [M I	-	 ' Y	Y	Y
/ STANLIB STAFF MEMBER						5	SIGNE	D AT						D		'		•	 •		•

