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 ADDRESS *																				
COMPLEX / UNIT / HOUSE NUMBER *																				
COMPLEX NAME / ESTATE *																				
STREET NUMBER *																				
STREET NAME / FARM NAME / AREA NAME *																				
SUBURB / DISTRICT *																				
CITY / TOWN *																				
COUNTRY *																				
COUNTRY																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.

CITIZENSHIP DETAILS *																								
ARE YOU A USA CITIZEN?	S	NC)																					
If you have selected 'YES', please completed pdf/fw9.pdf.	te an indiv	idual I	RS W-9	form f	or Ta	ıx ideı	ntifica	tion a	nd Co	ertific	ation	found	l on th	ne IRS	webs	site: h	ttps:/	/www	ı.irs.g	ov/pu	b/irs-			
TAX INFORMATION *																								
ARE YOU A REGISTERED TAX PAYER?								YES	;		NC)												
ARE YOU A REGISTERED TAX PAYER IN THE USA?								YES	3		NC)												
ARE YOU REGISTERED TAX PAYER IN M	1ULTIPLE (COUNT	RIES?					YES	;		NC)												
If 'YES' to any of the above, please list below. By ticking 'Not applicable' on the table	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 Residenc	:у *					Tax Identification Number *														Not Applicable			
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2.																								
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FINANCIAL SERVICES PR	ROVIDE	ER D	ETAI	LS																				
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.

CIONATURE OF CUENT/		DATE			-			-				
SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY *		SIGNED AT	D	D		М	М		Y	Y	Y	Y
FINANCIAL ADVISER												
confirm that I have informed the cl	lient of the implications of this autho	ority										
SIGNATURE OF FINANCIAL ADVISER*		DATE	D	D	- [М	М	-	Y	Y	Y	Y
		SIGNED AT										

*Compulsory fields

