## **STANLIB**



## Confirmation of Residential Address

Collective Investments (Unit Trusts)

Please only complete Section A or Section B

SECTION A: AFFIDAVIT CONFIRMING RESIDENTIAL ADDRESS OF CO-HABITANT																									
I THE UNDERSIGNED,																									
FULL NAME OF DEPONENT																									
IDENTITY NUMBER																									
HEREBY CONFIRM THAT																1									
FULL NAME OF STANLIB CLIENT																									
IDENTITY NUMBER OF STANLIB CLIENT																									
STATE RELATIONSHIP BETWEEN DEPONENT AND STANLIB CLIENT																									
RESIDES WITH ME AT:																									
INVESTOR DECLARATION																									
I confirm that all information pro	vide	d he	ereir	ı is t	rue	and	corr	ect	and	that	I ha	ıve r	ead	and	lun	ders	tood	l the	cor	ntent	s of	this	fori	n.	
		DATE														. [									
SIGNATURE OF DEPONENT		=											L	D	D		M	М	,	, ,	/ Y	Y			
		SIGNED AT																							
COMMISSIONER OF OATHS																									
I certify that the deponent acknowledged that he knew and understood the contents of the above declaration, that I duly administered the oath as prescribed by Regulation No R. 1258 of 21 July 1972, and that the deponent signed the declaration in my presence.																									
NAME								•																	
ADDRESS																									
		1		1				1									<u>                                     </u>		<u>                                     </u>	<u>                                     </u>					
DESIGNATION																									
I CERTIFY THAT THIS AFFIDAVIT WAS SIGNED BEFORE ME ON THE			-			-																			
	D	D		М	М		Y	Y	Y	Y															
SIGNATURE OF COMMISSIONER OF OATHS																									



SECTION B: CONFIRMATION OF CLIENT VISIT																						
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	D	- [	M 1	M	 ' Y	Y	Y
/STANLIB STAFF MEMBER							SIGNED AT									<i>-</i>	'		141	 · ·		'

