STANLIB

Redemption Form

STANLIB Collective Investments STANLIB, 17 Melrose Boulevard,

Melrose Arch 2196,

STANLIB Offshore Unit Trusts

PLEASE RETURN THIS COMPLETED FORM TO:

The Trust is regulated as a Collective Investment Fund by the Jersey Financial Services Commission. The Manager is authorised by the Jersey Financial Services Commission to conduct Fund Services Business.

P O Box 202 Melrose Arch 2076 Facsimile: 0867 277 507/011 448 66 E-mail: offshoreinstructions@stanlil Telephone: +2711 448 6000 / 0860 1	com.	(SA (Only)																						
CLIENT DETAILS																									
PORTFOLIO NUMBER																									
NAME/ ENTITY NAME																									
IDENTITY/PASSPORT NUMBER																									
TAX PAYER IDENTIFICATION NUMBER																									
COUNTRIES OF TAX RESIDENCE																									
CELLPHONE NUMBER			-																						
REPURCHASE FROM																									
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1.																									
2.																									
3.	3.																								
4.	4.																								
5.	5.																								
* Class A (retail investors with financial adviser), Class B1 (direct investors with no financial adviser) and Class B2 (aggregators).																									
AMOUNT OR UNITS IN WORDS																									
REASON FOR REDEMPTION *																									
* Note that this is a compulsory field.																									
BANKING DETAILS FOR P	AYME	ENTS	6																						
Payments to third party bank accou	nts are	not a	llowe	d. Pa	yme	ents	can	only	be p	aid ii	nto a	n ac	cou	nt in	the	nam	e of	the c	lient						
BANK																									



CURRENCY																									
ACCOUNT NUMBER																									
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PAYMENTS TO SOUTH AFI	RICAI	N E	BANK A	ACC	OU	JNTS																			
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FINANCIAL ADVISER DE	TAILS	5																							
FSP LICENCE NO																									
STANLIB OFFSHORE BROKER CODE																									
NAME OF SOLE PROPRIETOR OR NAME OF REPRESENTATIVE																									
PERSONAL INFORMATIO	N, SE	CL	JRITY	AN	D P	PRI V.	AC\	1																	
The Client agrees that the information below v	will apply	to a	II products	and/o	r ser	rvices wl	hereb	y the (Clier	nt has er	ntered	into a	an agr	eemei	nt with	STA	NLIB	or any	of i	ts affil	liates	.			
may also process or share the Client's pers representatives, contracted third party service personal information for the purposes of pre information about STANLIB products and service contraction about STANLIB products and service Client. The Client confirms that the Client STANLIB will take reasonable steps to ensure STANLIB or third parties, and will only be kep service products or conduct research. Where The Client is entitled to request access to, up his/her appointed financial adviser, or directly portal, www.stanlib.com.	e provider oviding the vices. voluntary, has perm e that all t for as locappropria	, but nissi pera ng a ate, t	nd any app lient with p t without th on to disclessonal infor as required this informate	ointed productive Clie ose to mation or pre- ation v	ent's postal state of the state	persona ANLIB th out the (bed. In see de-ind	lviser(ervice al informe personne Client come intentifie ation	s), inc s whi mation sonal , the C instanced suc at any	n as inforces, th the	ing those the Clients require rmation nt's dependent's dependent STANL at it can e. Shoul	e in fo nt has d by the of any endenti IB ma not be	reign s requ his ap depe ts or l y be l e linke	jurisdi uested oplicati endent benefic require ed back	from for or be ciaries ed to contact to the sonal	, may STAN m ST. neficia s will b collect e Clie	ANLII ANLII Ary properties cha	Ct, us At ce B will covide pt sec ocess lividua nge, H	e, discertain be una d in the cure are the Cally.	able als apoints appeared to the contract of t	e or ot es ST. to pro pplica confide t's per equire	therw ANLI ovide ition f ential rsona	vise p IB ma e prod form. I, whe al info	arocess ay sen ducts of ether pormation	s the (nd the or serv proces on in c	Client's Client vices to ssed by order to
DECLARATION																									
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SIGNATURE OF FIRST HOLDER/ AUTHORISED SIGNATORY								DAT	Έ							D	D	-	M	M	-	Υ	Y	Y	Y
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SIGNATURE OF THIRD HOLDER/ AUTHORISED SIGNATORY								DAT	Έ							D	D	-	M	M	_	Y	Y	Y	Y
SIGNATURE OF FOURTH HOLDER/ AUTHORISED SIGNATORY								DAT	Έ							D	D	- [M	M	_	Y	Y	Y	Y

