

Appointment of Authorised Signatories Collective Investments (Unit Trusts)

CLIENT DETAILS

ENTITY ACCOUNT NUMBER	<input type="text"/>
NAME & SURNAME / ENTITY NAME	<input type="text"/>
IDENTITY / PASSPORT / REGISTRATION NUMBER	<input type="text"/>

AUTHORISED SIGNATORIES

It is hereby resolved that the people, whose full details appear on the authorised signatory list, are authorised to act on behalf of the entity in all transactions with STANLIB as set out on this document.

List of directors/members/trustees

NAME	<input type="text"/>
SURNAME	<input type="text"/>
SIGNING	<input type="checkbox"/> ALONE <input type="checkbox"/> JOINTLY TELEPHONE <input type="text"/> - <input type="text"/>
IDENTITY/PASSPORT NUMBER	<input type="text"/>
SPECIMEN SIGNATURE	<input type="text"/>

NAME	<input type="text"/>
SURNAME	<input type="text"/>
SIGNING	<input type="checkbox"/> ALONE <input type="checkbox"/> JOINTLY TELEPHONE <input type="text"/> - <input type="text"/>
IDENTITY/PASSPORT NUMBER	<input type="text"/>
SPECIMEN SIGNATURE	<input type="text"/>

NAME	<input type="text"/>
SURNAME	<input type="text"/>
SIGNING	<input type="checkbox"/> ALONE <input type="checkbox"/> JOINTLY TELEPHONE <input type="text"/> - <input type="text"/>
IDENTITY/PASSPORT NUMBER	<input type="text"/>
SPECIMEN SIGNATURE	<input type="text"/>



NAME																								
SURNAME																								
SIGNING	<input type="checkbox"/> ALONE	<input type="checkbox"/> JOINTLY	TELEPHONE			-																		
IDENTITY/PASSPORT NUMBER																								
SPECIMEN SIGNATURE																								

INSTRUCTION DETAILS

SIGNATURES PER INSTRUCTION

Please complete the section below should a special signing arrangement be applicable in terms of the following transactions:

ADDITIONAL INVESTMENTS

CHANGE OF DETAILS

REDEMPTIONS

SWITCHES

DECLARATION

We are required to collect, process and share your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information STANLIB has collected, processed and shared.

I/We agree to provide all documentation and information required in terms of STANLIB's business rules and the Financial Intelligence Centre Act, No. 38 of 2001, and understand that STANLIB is prohibited from processing any transaction on my/our behalf until all such documentation has been provided.

I/We confirm that all information provided herein is true and correct and that I/We have read and understood the contents of this form.

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<input type="text"/>	DATE	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		SIGNED AT	<input type="text"/>
SIGNATURE OF FINANCIAL ADVISER	<input type="text"/>	DATE	<input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> - <input type="text"/> <input type="text"/> <input type="text"/> <input type="text"/>
		SIGNED AT	<input type="text"/>

