

Cession Notification Form Collective Investments (Unit Trust)

CLIENT DETAILS

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|---|--|
| ENTITY ACCOUNT NUMBER | |
| NAME & SURNAME / ENTITY NAME | |
| IDENTITY / PASSPORT / REGISTRATION NUMBER | |

CESSION DETAILS

CESSION TYPE IN SECURITY

I/We wish to cede:

UNITS TO THE VALUE OF R .

NUMBER OF UNITS

ALL UNITS

Only collateral cessions are allowed for transfer of ownership, please refer to the transfer requirements.

CESSIONARY'S DETAILS

| | | | | | | | | | | | | |
|------------------------------|----------------------|---|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| TITLE | | | | | | | | | | | | |
| FIRST NAME (IF INDIVIDUAL) | | | | | | | | | | | | |
| SURNAME/NAME OF LEGAL ENTITY | | | | | | | | | | | | |
| IDENTITY/REGISTRATION NUMBER | | | | | | | | | | | | |
| DATE OF BIRTH | <input type="text"/> | - | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> |
| | D | D | M | M | Y | Y | Y | Y | | | | |
| TELEPHONE (HOME) | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | CELLPHONE | <input type="text"/> | - | <input type="text"/> | <input type="text"/> |
| TELEPHONE (WORK) | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | <input type="text"/> | FAX | <input type="text"/> | - | <input type="text"/> | <input type="text"/> |

CESSIONARY'S PHYSICAL ADDRESS

| | |
|-----------------------------------|--|
| COMPLEX / UNIT / HOUSE NUMBER | <input type="text"/> |
| COMPLEX / ESTATE NAME | <input type="text"/> |
| STREET NUMBER | <input type="text"/> |
| STREET NAME/ FARM NAME/ AREA NAME | <input type="text"/> |
| SUBURB/ DISTRICT | <input type="text"/> |
| CITY/ TOWN | <input type="text"/> |
| COUNTRY | <input type="text"/> CODE <input type="text"/> |



CESSIONARY'S POSTAL ADDRESS

| | | |
|-------------------------|--------------------------|---|
| POSTAL ADDRESS | <input type="checkbox"/> | SAME AS PHYSICAL ADDRESS |
| PO BOX NUMBER | <input type="text"/> | |
| POST OFFICE NAME | <input type="text"/> | |
| POSTAL CODE | <input type="text"/> | |
| PRIVATE BAG NUMBER | <input type="text"/> | |
| POST OFFICE NAME | <input type="text"/> | |
| POSTAL CODE | <input type="text"/> | |
| POSTNET SUITE NUMBER | <input type="text"/> | |
| PRIVATE BAG NUMBER | <input type="text"/> | |
| POST OFFICE NAME | <input type="text"/> | CODE <input type="text"/> |
| SIGNATURE OF CESSIONARY | DATE | <input type="text"/> - <input type="text"/> - <input type="text"/> D D M M Y Y Y Y |
| | SIGNED AT | <input type="text"/> |

TERMS AND CONDITIONS

1. If the cedent is a Trust, Company, Close Corporation, other juristic person or natural person acting for the Cedent, the signatory must submit written proof of this authority to effect this Cession. The Manager does not accept responsibility for the validity of this Cession. In the case of an absolute cession, the Cessionary must complete the relevant application form.
2. Please forward certified/verified copies of business requirement documents if not already on file.
3. The Cessionary agrees to provide all documentation and information required in terms of the Financial Intelligence Centre Act, No. 38 of 2001, and understands that the Manager is prohibited from processing transactions on the Client's behalf until all such documentation and information has been received. (Access the STANLIB website on www.stanlib.com to view the applicable FICA requirements).
4. The Client understands that all material facts must be accurately and properly disclosed and the accuracy and completeness of all information provided by or on behalf of the Client, is the Client's own responsibility. The Client understands that no FSP may request the Client to sign any written or printed form or document unless all details required to be inserted thereon by the Client or on behalf of the Client have already been inserted.

CEDENT'S 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 warrant that I am the legal owner of the above investment and have ceded to the above Cessionary all my rights, title and interest in the investment. Please record this cession on my investment.

| | | |
|--|-----------|---|
| SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY | DATE | <input type="text"/> - <input type="text"/> - <input type="text"/> D D M M Y Y Y Y |
| | SIGNED AT | <input type="text"/> |

