



## FINANCIAL SERVICES PROVIDER DETAILS

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

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 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.

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY		DATE	<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			-			-					D	D		M	M		Y	Y	Y	Y
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SIGNED AT																							

### FINANCIAL ADVISER

I confirm that I have informed the client of the implications of this authority

SIGNATURE OF FINANCIAL ADVISER		DATE	<table border="1"> <tr> <td></td><td></td><td>-</td><td></td><td></td><td>-</td><td></td><td></td><td></td><td></td> </tr> <tr> <td>D</td><td>D</td><td></td><td>M</td><td>M</td><td></td><td>Y</td><td>Y</td><td>Y</td><td>Y</td> </tr> </table>			-			-					D	D		M	M		Y	Y	Y	Y
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SIGNED AT																							

