

FATCA/CRS SELF-CERTIFICATION DECLARATION FOR INDIVIDUALS

As part of STANLIB's obligation to comply with the U.S Foreign Account Tax Compliance Act (FATCA) we require you to provide us with your tax information. This tax information will be kept on record and will be disclosed to the relevant tax authorities as and when required as per the FATCA regulation.

The information contained under this section is not tax advice. We recommend that you consult a professional tax or legal advisor for specific tax or legal advice. Each Controlling person needs to complete an individual IRS W-9 form for Tax identification and Certification as found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

CITIZENSHIP DETAILS *

ARE YOU A USA CITIZEN? YES NO

If you have selected 'YES', please complete an individual IRS W-9 form for Tax identification and Certification found on the IRS website: <https://www.irs.gov/pub/irs-pdf/fw9.pdf>.

TAX INFORMATION *

ARE YOU A REGISTERED TAX PAYER? YES NO

ARE YOU A REGISTERED TAX PAYER IN THE USA? YES NO

ARE YOU REGISTERED TAX PAYER IN MULTIPLE COUNTRIES? YES NO

1. By ticking 'No' you confirm that you are not registered for Tax and you are still required to complete country(ies) of tax residency on the table below.
2. If 'YES' to any of the above, please list all countries in which you are a resident for tax purposes and provide the associated Tax Identification Numbers on the table below.
3. By ticking 'Not applicable' on the table below, you confirm that the country specified does not issue Tax Identification Numbers.

Country(ies) of Tax Residency *	Tax Identification Number *	Not Applicable
1.		<input type="checkbox"/>
2.		<input type="checkbox"/>
3.		<input type="checkbox"/>
4.		<input type="checkbox"/>
5.		<input type="checkbox"/>

***Compulsory Section**

FINANCIAL SERVICES PROVIDER DETAILS

NAME OF FINANCIAL CONSULTANCY (FSP)	<input style="width: 95%;" type="text"/>
FSP LICENCE NUMBER	<input style="width: 95%;" type="text"/>
NAME OF REPRESENTATIVE (FINANCIAL ADVISER)	<input style="width: 95%;" type="text"/>
FINANCIAL ADVISER CODE	<input style="width: 20%;" type="text"/>
MOBILE NUMBER	<input style="width: 80%;" type="text"/>
FAX NUMBER	<input style="width: 80%;" type="text"/>
E-MAIL ADDRESS	<input style="width: 95%;" type="text"/>



FINANCIAL SERVICES PROVIDER AUTHORISATION

I acknowledge that I provide consent to STANLIB to collect, process, store, disclose and share my Personal Information (PI) for the purpose of servicing my investment.

I agree to provide all documentation and information requested in this document and further required by law and consent to STANLIB processing my information for the purposes stipulated within the Terms and Conditions.

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

SIGNED AT

<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

FINANCIAL ADVISER

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

SIGNATURE OF FINANCIAL ADVISER*

DATE

SIGNED AT

<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

*Compulsory fields

