

STANLIB Collective Investments Limited Registration number 1969/003468/06
 17 Melrose Boulevard Melrose Arch 2196 P O Box 202 Melrose Arch 2076
 Contact Centre 0860 123 003 Facsimile 0867 277 501
 E-mail instructions@stanlib.com

STANLIB Wealth Management Limited Registration number 1996/005412/06
 Authorised Administrative FSP in terms of the FAIS Act, 2002 (FSP No. 26/10/590)
 17 Melrose Boulevard Melrose Arch 2196 P O Box 202 Melrose Arch 2076
 Contact Centre 0860 123 003 Facsimile 0867 277 501
 E-mail instructions@stanlib.com

Client consent to obtain Financial Information

STANLIB Entity (please select) STANLIB Collective Investments (Unit Trust) STANLIB Wealth Management (LISP) All

Client details

Name/s

Surname/Name of legal entity

Identity/Passport/Registration number Date of birth - -

Mobile number - Telephone (work) -

E-mail address

Physical address

Complex/Unit number

Complex name

Street number

Street name

Suburb Postal code

City/Town

Country

Postal address

Select an option below and complete the details:

Same as physical address

P O Box number Post Office name Postal code

Private Bag number Post Office name Postal code

Private Suite number Private Bag No Post Office name Postal code

Financial adviser details

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|--|----------------------|---|----------------------|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|--|------------|----------------------|---|----------------------|----------------------|--|--|--|--|--|--|--|
| Name of financial consultancy (FSP) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| FSP licence number | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Name of representative (Financial adviser) | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Financial adviser code | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |
| Mobile number | <input type="text"/> | - | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | Fax number | <input type="text"/> | - | <input type="text"/> | <input type="text"/> | | | | | | | |
| E-mail address | <input type="text"/> | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | | |

Financial services provider authorisation

1. I hereby authorise the financial adviser as stated on the 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..
2. This instruction is not an instruction to change my current financial adviser on record

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|---------------------|----------------------|-----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| Signature of Client | <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"/> | <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"/> |

Financial Adviser

1. I hereby confirm that I have informed the client of the implications of this authority.

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|--------------------------------|----------------------|-----------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|----------------------|
| 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"/> | <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"/> |