



FSP Authorisation (by Client)

Please note: A copy of this form **must** be sent to **STANLIB** and the **Intermediary** must also retain a complete copy of the application. In terms of the **FAIS Act**, the financial services provider that dealt with the client must deliver the original to the **CLIENT** for safe custody.

Investment number

Personal details

STANLIB Entity	<input type="checkbox"/> STANLIB Collective Investments	<input type="checkbox"/> STANLIB Wealth Management
Title	<input type="text"/>	
First name	<input type="text"/>	
Surname//Co/CC/Trust name	<input type="text"/>	
Identity/Registration number	Date of birth	<input type="text"/> DD - <input type="text"/> MM - <input type="text"/> CCYY
Postal address	<input type="text"/>	
		Postal code <input type="text"/>
Physical address	<input type="text"/>	
		Postal code <input type="text"/>
Telephone (home)	<input type="text"/> - <input type="text"/>	Cellphone <input type="text"/> - <input type="text"/>
Telephone (work)	<input type="text"/> - <input type="text"/>	Fax <input type="text"/> - <input type="text"/>
Email address	<input type="text"/>	

Financial adviser details

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"/>	
Cell no	<input type="text"/> - <input type="text"/>	Fax no <input type="text"/> - <input type="text"/>
Postal address	<input type="text"/>	
		Postal code <input type="text"/>
Email address	<input type="text"/>	

Change of financial adviser

Mark the box with an X if you wish to change your existing Financial Adviser

Please replace my financial adviser on record with the financial adviser whose details appear in the section marked "Financial Adviser Details"

Financial services provider authorisation

1. I hereby appoint the intermediary, as named herein, to act as my agent in respect of all applications and instructions to be executed on my behalf (except new business, where my signature is required on the application). I understand that this means that STANLIB will act on the strength of my intermediary's signature, as if it were my own. I understand that STANLIB will not accept partial authorisation and that should I wish to limit my intermediary's authorisation in any way, it can only be done by terminating the intermediary's appointment to act on my behalf, in which case STANLIB will only act on the strength of my signature.
2. I understand that in terms of the Financial Advisory & Intermediary Services Act, 2002, my intermediary must be mandated by a FSB authorised Financial Services Provider ("FSP") as a representative to act on my behalf and that it is also my responsibility to determine whether my intermediary has the necessary authorisation. (FSB toll free number: 0800 110 443).
3. I understand and confirm that STANLIB is entitled to act on my intermediary's instructions, whether in written or electronic format, as if they were my own instructions.
4. I hereby indemnify STANLIB against all losses or damage, which I may sustain, as a result of transactions entered into on the basis of this delegation of authority by me to the intermediary.
5. I understand that where I have terminated my intermediary's appointment, it is my responsibility to advise STANLIB of such termination immediately. On receipt of such written notification, STANLIB will cease payment of all charges, other than accrued charges, to the relevant intermediary.
6. I agree that STANLIB will pay to my intermediary the agreed charges as set out in the relevant STANLIB product specific application forms.
7. **The Wealth Portfolio range of funds is only available to Clients whose financial adviser are accredited to sell the range. Where the Client terminates the services of an accredited financial adviser, and employ a non-accredited Wealth Portfolio financial adviser, the Client will immediately be moved from the Wealth Portfolio class fund/s to the non-Wealth Portfolio class fund/s. Please note a Capital Gains Tax (CGT) event may occur.**

Client signature

Date

- -

Place

Financial services provider acceptance of appointment

1. I hereby confirm that I am mandated by a FSB authorised Financial Services Provider (FSP), as set out above, to act on behalf of that FSP as a representative.
2. I confirm that I hereby accept my appointment as intermediary to the Client.

Signature of Intermediary

Date

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Place