



# Resolution

**Please note:** A copy of this form **must** be sent to **STANLIB** and the **financial adviser** 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.

## Client's details

Investment number	<input type="text"/>
Company/cc/trust name	<input type="text"/>
Registration number	<input type="text"/>

## Authorised signatories

It is hereby resolved that the people, whose full details appear on the authorised signatory list, are authorised to act on behalf of the entity in all transactions with STANLIB as set out on this document.

### List of directors/members/trustees

Specimen signature	<input type="text"/>	First name	<input type="text"/>
		Surname	<input type="text"/>
		Signing	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly*
Identity/Registration number	<input type="text"/>	Telephone	<input type="text"/> - <input type="text"/>
Specimen signature	<input type="text"/>	First name	<input type="text"/>
		Surname	<input type="text"/>
		Signing	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly*
Identity/Registration number	<input type="text"/>	Telephone	<input type="text"/> - <input type="text"/>
Specimen signature	<input type="text"/>	First name	<input type="text"/>
		Surname	<input type="text"/>
		Signing	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly*
Identity/Registration number	<input type="text"/>	Telephone	<input type="text"/> - <input type="text"/>
Specimen signature	<input type="text"/>	First name	<input type="text"/>
		Surname	<input type="text"/>
		Signing	<input type="checkbox"/> Alone <input type="checkbox"/> Jointly*
Identity/Registration number	<input type="text"/>	Telephone	<input type="text"/> - <input type="text"/>

**Instruction details**

Signatures per instruction

Should a special signing arrangement be applicable in terms of the following transactions please complete the section below:

Additions	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Client details	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Payments	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Repurchases	<input type="text"/>
	<input type="text"/>
	<input type="text"/>
Switches	<input type="text"/>
	<input type="text"/>
	<input type="text"/>

**Note**

- I/We hereby agree to provide all documentation and information required in terms of the Financial Intelligence Centre Act, No. 38 of 2001, and understand that STANLIB is prohibited from processing any transactions on my/our behalf until all such documentation and information has been received. (Access the STANLIB website on [www.stanlib.com](http://www.stanlib.com) to view the applicable FICA requirements).
- I/We understand that all material facts must be accurately and properly disclosed and the accuracy and completeness of all information provided by me/us or on my/our behalf is my/our own responsibility. I/We understand that no financial adviser may request me/us to sign any written or printed form or document unless all details required to be inserted thereon by me/us or on my/our behalf have already been inserted,

Signature of Client	<input type="text"/>	Date	<input type="text" value="D"/> <input type="text" value="D"/> - <input type="text" value="M"/> <input type="text" value="M"/> - <input type="text" value="2"/> <input type="text" value="0"/> <input type="text" value="Y"/> <input type="text" value="Y"/>
		Signed at	<input type="text"/>

Please note that in the event of any modification or variation of this standard form STANLIB will regard this form as being invalid and of no force and effect.