E-mail instructions@stanlib.com

STANLIB

Confirmation of Residential Address

Collective Investments (Unit Trusts)

Please only complete Section A or Section B

SECTION A: AFFIDAVIT CONFIRMING RESIDENTIAL ADDRESS OF CO-HABITANT

I THE UNDERSIGNED,

FULL NAME OF DEPONENT

IDENTITY NUMBER

HEREBY CONFIRM THAT

FULL NAME OF STANLIB CLIENT

IDENTITY NUMBER OF STANLIB CLIENT

STATE RELATIONSHIP BETWEEN DEPONENT AND STANLIB CLIENT

RESIDES WITH ME AT:

INVESTOR DECLARATION

I confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.

SIGNATURE OF DEPONENT

DATE - -
D D M M Y Y Y Y

SIGNED AT

COMMISSIONER OF OATHS

I certify that the deponent acknowledged that he knew and understood the contents of the above declaration, that I duly administered the oath as prescribed by Regulation No R. 1258 of 21 July 1972, and that the deponent signed the declaration in my presence.

NAME

ADDRESS

DESIGNATION

I CERTIFY THAT THIS AFFIDAVIT WAS SIGNED BEFORE ME ON THE - -
D D M M Y Y Y Y

SIGNATURE OF COMMISSIONER OF OATHS

STAUTOTH064
2021/07
3671ZB

Please note this form expires on 2024/06/30. Up to date forms are always available on www.stanlib.com

SECTION B: CONFIRMATION OF CLIENT VISIT

I THE UNDERSIGNED

FULL NAME OF DEPONENT

IDENTITY NUMBER

HEREBY CONFIRM THAT

FULL NAME OF STANLIB CLIENT

IDENTITY NUMBER OF STANLIB CLIENT

RESIDES AT

INVESTOR DECLARATION

I confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.

SIGNATURE OF FINANCIAL ADVISER / STANLIB STAFF MEMBER

DATE

D D - M M - Y Y Y Y

SIGNED AT