Email for submitting forms: instructions@stanlib.com
Fax Number: +268 2404 1803
Email for raising queries: ccc-stanlib@stanbic.com

STANLIB

Appointment of Authorised Signatories

Collective Investments (Unit Trust): Swaziland

CLIENT DETAILS

ENTITY ACCOUNT NUMBER

NAME & SURNAME / ENTITY NAME

IDENTITY / PASSPORT / REGISTRATION NUMBER

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

NAME

SURNAME

SIGNING ☐ ALONE ☐ JOINTLY

TELEPHONE

IDENTITY/PASSPORT NUMBER

SPECIMEN SIGNATURE

NAME

SURNAME

SIGNING ☐ ALONE ☐ JOINTLY

TELEPHONE

IDENTITY/PASSPORT NUMBER

SPECIMEN SIGNATURE

NAME

SURNAME

SIGNING ☐ ALONE ☐ JOINTLY

TELEPHONE

IDENTITY/PASSPORT NUMBER

SPECIMEN SIGNATURE

NAME

SURNAME

SIGNING ☐ ALONE ☐ JOINTLY

TELEPHONE

IDENTITY/PASSPORT NUMBER

SPECIMEN SIGNATURE

INSTRUCTION DETAILS

SIGNATURES PER INSTRUCTION

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

ADDITIONAL INVESTMENTS

CHANGE OF DETAILS

REDEMPTIONS

SWITCHES

DECLARATION

I/We agree to provide all documentation and information required and understand that STANLIB is prohibited from processing any transaction on my/our behalf until all such documentation has been provided. I/We confirm that all information provided herein is true and correct and that I/we have read and understood the contents of this form.

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY

DATE D D - M M - Y Y Y Y

SIGNED AT

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY

DATE D D - M M - Y Y Y Y

SIGNED AT

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY

DATE D D - M M - Y Y Y Y

SIGNED AT

SIGNATURE OF FINANCIAL ADVISER / BUSINESS CONSULTANT

DATE D D - M M - Y Y Y Y

SIGNED AT