

Financial Adviser Detail Form Collective Investments (Unit Trust): Swaziland

FINANCIAL ADVISER DETAILS

BROKER CONSULTANT NAME	<input type="text"/>
STANLIB USER ID / BROKER CODE	<input type="text"/>
LIBERTY 13 DIGIT CODE (IF APPLICABLE)	<input type="text"/>
FA LICENCE NO:	<input type="text"/>
BROKERAGE /COMPANY NAME	<input type="text"/>
TITLE (E.G. MR, MRS)	<input type="text"/>
FIRST NAME	<input type="text"/>
MIDDLE NAME	<input type="text"/>
SURNAME	<input type="text"/>
ID/ PASSPORT NUMBER	<input type="text"/>
DATE OF BIRTH	<input type="text"/> - <input type="text"/> - <input type="text"/>
	<small>D D M M Y Y Y Y</small>
VAT NUMBER	<input type="text"/>
FAX NUMBER	<input type="text"/>
TELEPHONE (WORK)	<input type="text"/>
CELLPHONE NUMBER	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>

PHYSICAL ADDRESS OF BROKERAGE

COMPLEX / HOUSE / UNIT NUMBER	<input type="text"/>
COMPLEX / ESTATE NAME	<input type="text"/>
STREET NUMBER	<input type="text"/>
STREET NAME	<input type="text"/>
SUBURB / DISTRICT	<input type="text"/>
POST CODE	<input type="text"/>
CITY/TOWN	<input type="text"/>
COUNTRY	<input type="text"/>



POSTAL ADDRESS OF BROKERAGE

Select an option below and complete the details:

SAME AS PHYSICAL ADDRESS

PO BOX NUMBER

POST OFFICE NAME

POSTAL CODE

PRIVATE BAG NUMBER

POST OFFICE NAME

CODE

POSTNET SUITE NUMBER

PRIVATE BAG NUMBER

POST OFFICE NAME

CODE

BANKING DETAILS FOR BROKERAGE

BANK

BRANCH

ACCOUNT NUMBER

BRANCH CODE

ACCOUNT TYPE CHEQUE ACCOUNT TRANSMISSION ACCOUNT SAVINGS ACCOUNT

ACCOUNT HOLDER'S NAME

DECLARATION

I/We agree to provide all documentation and information required and understand that STANLIB is prohibited from processing any transaction on my behalf until all such documentation and information has been provided.

SIGNATURE OF FINANCIAL ADVISER

DATE - -

SIGNED AT

