

Financial Adviser Detail Form

FINANCIAL ADVISER DETAILS

BROKER CONSULTANT NAME AND USER ID																									
STANLIB USER ID																									
LIBERTY 13 DIGIT CODE (IF APPLICABLE)																									
FSP LICENCE NO:																									
BROKERAGE /COMPANY NAME																									
TITLE (E.G. MR, MRS)											CELLPHONE NUMBER														
FIRST NAME																									
MIDDLE NAME																									
SURNAME																									
ID NUMBER																									
DATE OF BIRTH	D D		-	M M		-	Y Y Y Y																		
VAT NUMBER																									
FAX NUMBER				-																					
OFFICE TELEPHONE NUMBER				-																					
MOBILE NUMBER				-																					
E-MAIL ADDRESS																									

PHYSICAL ADDRESS OF BROKERAGE

COMPLEX/UNIT NUMBER																								
COMPLEX NAME																								
STREET NUMBER																								
STREET NAME																								
SUBURB																								
POST CODE																								
CITY/TOWN																								
COUNTRY																								



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	
POSTAL CODE	
POSTNET SUITE NUMBER	
PRIVATE BAG NUMBER	
POST OFFICE NAME	
CODE	

BANKING DETAILS FOR BROKERAGE

BANK	
BRANCH	
ACCOUNT NUMBER	
BRANCH CODE	
ACCOUNT TYPE	<input type="checkbox"/> CHEQUE ACCOUNT <input type="checkbox"/> TRANSMISSION ACCOUNT <input type="checkbox"/> SAVINGS ACCOUNT
ACCOUNT HOLDER'S NAME	

DECLARATION

We are required to collect, process and share your Personal Information (PI). Your PI is collected and processed by our staff, representatives or sub-contractors and we make every effort to protect and secure your PI. You are entitled at any time to request access to the information STANLIB has collected, processed and shared.

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 transaction on my behalf until all such documentation and information has been provided.

SIGNATURE OF FINANCIAL SERVICE PROVIDER		DATE	
		SIGNED AT	

DD - MM - YYYY

