

## Appointment of Authorised Signatories

Collective Investments (Unit Trusts): Lesotho

### 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	<input type="checkbox"/>	ALONE	<input type="checkbox"/>	JOINTLY															
TELEPHONE																			
IDENTITY/PASSPORT NUMBER																			
SPECIMEN SIGNATURE																			

NAME																			
SURNAME																			
SIGNING	<input type="checkbox"/>	ALONE	<input type="checkbox"/>	JOINTLY															
TELEPHONE																			
IDENTITY/PASSPORT NUMBER																			
SPECIMEN SIGNATURE																			

NAME																			
SURNAME																			
SIGNING	<input type="checkbox"/>	ALONE	<input type="checkbox"/>	JOINTLY															
TELEPHONE																			
IDENTITY/PASSPORT NUMBER																			



SPECIMEN SIGNATURE

NAME

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SURNAME

--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--	--

SIGNING

ALONE                       JOINTLY

TELEPHONE

--	--	--	--	--	--	--	--	--	--	--	--

IDENTITY/PASSPORT NUMBER

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SPECIMEN SIGNATURE

**INSTRUCTION DETAILS**

SIGNATURES PER INSTRUCTION

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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

