

Cession Notification Form

Collective Investments (Unit Trust): Lesotho

CLIENT DETAILS

ENTITY ACCOUNT NUMBER	<input type="text"/>
NAME & SURNAME / ENTITY NAME	<input type="text"/>
IDENTITY / PASSPORT / REGISTRATION NUMBER	<input type="text"/>

CESSION TYPE

CESSION TYPE	<input type="checkbox"/> ABSOLUTE	<input type="checkbox"/> IN SECURITY
SPECIFY THE AMOUNT FOR SECURITY CESSIONS	M <input type="text"/>	<input type="text"/>

CESSIONARY'S DETAILS

TITLE	<input type="text"/>
FIRST NAME (IF INDIVIDUAL)	<input type="text"/>
SURNAME/ ENTITY NAME	<input type="text"/>
IDENTITY/REGISTRATION 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>
TELEPHONE (HOME)	<input type="text"/>
CELLPHONE	<input type="text"/>
TELEPHONE (WORK)	<input type="text"/>
FAX	<input type="text"/>

CESSIONARY'S PHYSICAL ADDRESS

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



CESSIONARY'S POSTAL ADDRESS

POSTAL ADDRESS	<input type="checkbox"/> SAME AS PHYSICAL ADDRESS
PO BOX NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>
PRIVATE BAG NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/>
POSTAL CODE	<input type="text"/>
POSTNET SUITE NUMBER	<input type="text"/>
PRIVATE BAG NUMBER	<input type="text"/>
POST OFFICE NAME	<input type="text"/> CODE <input type="text"/>
SIGNATURE OF CESSIONARY	DATE <input type="text"/> - <input type="text"/> - <input type="text"/> D D M M Y Y Y Y
	SIGNED AT <input type="text"/>

TERMS AND CONDITIONS

1. The terms and conditions signed and agreed to at the initial investment application stage will remain in force and apply to this transaction. Please refer to the terms and conditions provided to you at the initial investment application stage. Alternatively you can request a copy of the terms and conditions from a STANLIB branch. The Client agrees to be bound by the said terms and conditions.
2. The client hereby agrees to provide all documentation and information in terms of the identification and business requirements, and understands that STANLIB is prohibited from processing any transaction on the client's behalf until all such documentation and information has been received. A copy of the identification and business requirements document may be requested from a STANLIB branch.
3. The Manager does not provide any guarantee either with respect to the capital or the return of a portfolio.

CEDENT'S DECLARATION

I warrant that I am the legal owner of the above investment and have ceded to the Cessionary indicated above all my rights, title and interest in the investment. Please record this cession on my investment.

SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<input type="text"/>	DATE <input type="text"/> - <input type="text"/> - <input type="text"/> D D M M Y Y Y Y
		SIGNED AT <input type="text"/>
SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<input type="text"/>	DATE <input type="text"/> - <input type="text"/> - <input type="text"/> D D M M Y Y Y Y
		SIGNED AT <input type="text"/>
SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<input type="text"/>	DATE <input type="text"/> - <input type="text"/> - <input type="text"/> D D M M Y Y Y Y
		SIGNED AT <input type="text"/>

