

Change of Financial Adviser: Client Nomination 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"/>

NEW FINANCIAL ADVISER DETAILS

Please replace my Financial Adviser on record with the following Financial Adviser:

NAME OF FINANCIAL CONSULTANCY/ BROKERAGE	<input type="text"/>
BROKERAGE LICENCE NUMBER	<input type="text"/>
NAME OF REPRESENTATIVE (FINANCIAL ADVISER)	<input type="text"/>
FINANCIAL ADVISER CODE	<input type="text"/>
E-MAIL ADDRESS	<input type="text"/>

FINANCIAL ADVISER AUTHORISATION

I appoint the Financial Adviser as named herein. I understand and confirm that STANLIB is entitled to act on my Financial Adviser's instructions, whether in written or electronic format, as if they were my own instruction. I hereby indemnify STANLIB against all losses or damage, which I may sustain, as a result of transactions entered into on the basis of this delegation of authority by me to the Financial Adviser. Where I have terminated my Financial Adviser's appointment it is my responsibility to advise STANLIB of such termination immediately. On receipt of such written notification, STANLIB will cease payment of all charges, other than accrued charges, to the Financial Adviser. The Client agrees that STANLIB will pay to such Financial Adviser the agreed charges as set out in this Application Form. STANLIB may and will accept instructions on the strength of the Client's signature.

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

FINANCIAL ADVISER ACCEPTANCE OF APPOINTMENT

I confirm that I am mandated as set out above, to act on behalf of that brokerage as a representative. I confirm that I accept my appointment as intermediary to the Client.

SIGNATURE OF FINANCIAL ADVISER	<input type="text"/>	DATE	<input type="text"/>	-	<input type="text"/>	-	<input type="text"/>	<input type="text"/>	<input type="text"/>	<input type="text"/>
		SIGNED AT	<input type="text"/>							

