



Confirmation of Residential Address

Collective Investments (Unit Trusts): Lesotho

Please only complete Section A or Section B

SECTION A: AFFIDAVIT CONFIRMING RESIDENTIAL ADDRESS OF CO-HABITANT

I THE UNDERSIGNED,

FULL NAME OF DEPONENT

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

IDENTITY NUMBER

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

HEREBY CONFIRM THAT

FULL NAME OF STANLIB CLIENT

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

IDENTITY NUMBER OF STANLIB CLIENT

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

STATE RELATIONSHIP BETWEEN DEPONENT AND STANLIB CLIENT

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

RESIDES WITH ME AT:

INVESTOR DECLARATION

I confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.

SIGNATURE OF DEPONENT

--

DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

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COMMISSIONER OF OATHS

I certify that the deponent acknowledged that he knew and understood the contents of the above declaration, and that the deponent signed the declaration in my presence.

NAME

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

ADDRESS

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

DESIGNATION

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

I CERTIFY THAT THIS AFFIDAVIT WAS SIGNED BEFORE ME ON THE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNATURE OF COMMISSIONER OF OATHS

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SECTION B: CONFIRMATION OF CLIENT VISIT

I THE UNDERSIGNED

FULL NAME OF DEPONENT

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IDENTITY NUMBER

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

HEREBY CONFIRM THAT

FULL NAME OF STANLIB CLIENT

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

IDENTITY NUMBER OF STANLIB CLIENT

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RESIDES AT

INVESTOR DECLARATION

I confirm that all information provided herein is true and correct and that I have read and understood the contents of this form.

SIGNATURE OF FINANCIAL ADVISER
/ STANLIB STAFF MEMBER

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DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

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