

## Debit Order 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"/>
CELL PHONE NUMBER	<input type="text"/>

### DEBIT ORDER DETAILS FOR A NEW RECURRING DEBIT ORDER

DEBIT ORDER PREFERRED DATE  1ST (DEFAULT DATE)  20TH  25TH COMMENCEMENT DATE  -   
M M Y Y Y Y

PAYMENT FREQUENCY  MONTHLY  QUARTERLY  BI-ANNUALLY  ANNUALLY

\*If no date is selected, we will default to the 1st of the following month.

\*If the payment frequency is not selected, we will default to monthly.

Portfolio Name	Account Number	Amount
1.		M
2.		M
3.		M

### CHANGE OF RECURRING DEBIT ORDER DETAILS

The product minimum recurring debit order amounts must be met.

CHANGE AN EXISTING DEBIT ORDER  YES  NO

CANCEL AN EXISTING DEBIT ORDER  YES  NO

EFFECTIVE DATE OF CHANGE  -  -   
D D M M Y Y Y Y

Portfolio Name	New debit order amount	Change debit order portfolio to (specify new portfolio name)
1.	M	
2.	M	
3.	M	



## BANKING DETAILS FOR DEBIT ORDER

BANK																							
BRANCH							BRANCH CODE																
ACCOUNT NUMBER																							
ACCOUNT TYPE	<input type="checkbox"/> CHEQUE			<input type="checkbox"/> SAVINGS			<input type="checkbox"/> TRANSMISSION																
ACCOUNT HOLDER'S ID NUMBER																							
ACCOUNT HOLDER'S NAME																							
SIGNATURE OF BANK ACCOUNT HOLDER / AUTHORISED SIGNATORY							DATE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>										D	D	M	M	Y	Y
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If the debit order is funded by a 3rd party (spouse included):

\* For individuals: Certified copy of the third party's identity document with a specimen signature.

\* For entities: Standard Bank – Bank account mandate

\* Other banks – Letter from the bank confirming signing authority and a certified copy of identity document with a specimen signature of the signatory/ies.

## 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.

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SIGNATURE OF FINANCIAL ADVISER / BUSINESS CONSULTANT							DATE	<table border="1" style="display: inline-table; border-collapse: collapse;"> <tr> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> <td style="width: 20px; height: 20px;"></td> </tr> <tr> <td style="text-align: center;">D</td> <td style="text-align: center;">D</td> <td style="text-align: center;">M</td> <td style="text-align: center;">M</td> <td style="text-align: center;">Y</td> <td style="text-align: center;">Y</td> </tr> </table>										D	D	M	M	Y	Y
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