

Cession Notification Form Collective Investments (Unit Trust): Namibia

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	N\$ <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"/>
	SIGNED AT	<input type="text"/>

TERMS AND CONDITIONS

1. If the cedent is a Trust, Company, Close Corporation, other juristic person or natural person acting for the Cedent, the signatory must submit written proof of this authority to effect this Cession. STANLIB Namibia Unit Trust Management Company Limited ("the Manager") does not accept responsibility for the validity of this Cession. In the case of an absolute cession, the Cessionary must complete the relevant application form.
2. Please forward certified/verified copies of business requirement documents if not already on file.
3. The client hereby agrees to provide all documentation and information in terms of the Financial Intelligence Act, and understands that the Manager is prohibited from processing any transaction on the client's behalf until all such documentation and information has been received. You may contact the Manager for a copy of the FIA and business requirements.
4. The Client understands that all material facts must be accurately and properly disclosed and the accuracy and completeness of all information provided by or on behalf of the Client, is the Client's own responsibility. The Client understands that no Financial adviser may request the Client to sign any written or printed form or document unless all details required to be inserted thereon by the Client or on behalf of the Client have already been inserted.
5. 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"/>
		SIGNED AT	<input type="text"/>
SIGNATURE OF CLIENT/ AUTHORISED SIGNATORY	<input type="text"/>	DATE	<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"/>
		SIGNED AT	<input type="text"/>

