

## Lost Policy Declaration

### Classic Investment Plan

#### CLIENT DETAILS

INVESTMENT NUMBER																							
NAME & SURNAME / ENTITY NAME																							
IDENTITY/PASSPORT/ASYLUM/REG NUMBER																							

#### CLIENT'S PHYSICAL ADDRESS

COMPLEX / UNIT / HOUSE NUMBER																				
COMPLEX NAME / ESTATE																				
STREET NUMBER																				
STREET NAME / FARM NAME / AREA NAME*																				
SUBURB / DISTRICT*																				
CITY / TOWN*																				
COUNTRY*																	CODE*			

\*Compulsory fields

#### CLIENT'S POSTAL ADDRESS

<input type="checkbox"/> SAME AS PHYSICAL ADDRESS																
PO BOX NUMBER																
POST OFFICE NAME																
POSTAL CODE																
PRIVATE BAG NUMBER																
POST OFFICE NAME																
POSTAL CODE																
POSTNET SUITE NUMBER																
PRIVATE BAG NUMBER																
POST OFFICE NAME																
POSTAL CODE																

#### DECLARATION

I, the undersigned, (full name) do hereby declare

- that I am the owner of this contract number and
- I have not ceded or in any way alienated the said policy as to pass title to another



- I have made, or caused to be made, proper search for the policy and am unable to find it
- To the best of my knowledge the policy was lost or destroyed in the following circumstances:

DETAILS OF LOSS OR DAMAGE


### INVESTOR DECLARATION

1. I/We acknowledge that I/We provide consent to STANLIB to collect, process, store, disclose and share my Personal Information for the purpose of servicing my investment.
2. I/We agree to provide all documentation and information requested in this document and further required by law and consent to STANLIB processing my information for the purposes stipulated within the Terms and Conditions.
3. 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.
4. I/We acknowledge and accept that the information contained in this form and information about the Account Holder may be provided to SARS. Further, that SARS may also exchange the information with the tax authorities of another country or countries in which the Account Holder may be tax resident.

**If the information you have provided in this form changes in future, please submit a new form within 30 days. If you are not the Account Holder please indicate the capacity in which you are signing the form. If signing under a power of attorney please also attach a certified copy of the power of attorney.**

SIGNATURE OF CLIENT /  
AUTHORISED SIGNATORY \*

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DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

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CAPACITY

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SIGNATURE OF FINANCIAL ADVISER

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DATE

		-			-				
D	D		M	M		Y	Y	Y	Y

SIGNED AT

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